The Kinship between Self Psychology, Intersubjectivity, Relational Psychoanalysis, and the Client-Centered Approach

Edwin Kahn
Queensborough Community College
The City University of New York

Abstract. *This paper presents for client-centered therapists, unfamiliar with recent developments in psychoanalysis, an overview of three contemporary psychoanalytic approaches: self psychology, intersubjectivity theory, and the relational approach. Despite very important differences, there is some overlap between client-centered therapy and the three psychoanalytic approaches summarized. For example, 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. Although relational psychoanalysts are much more likely to express their idiosyncratic subjectivity in the therapeutic relationship, through self-disclosures, enactments, confrontations, etc., they do so with a respect for the patient's autonomy and freedom to take or leave what is offered. In contrast to orthodox Freudian psychoanalysis, this attitude of not imposing a therapist's (or anyone's) authority has always been a key value of the non-directive client centered approach. Some theoretical ideas of psychoanalysis (e.g. being aware of both the therapist's and client's organizing principles/transferences) have interested this author. Another purpose of this paper is a personal description of the author's development as a psychotherapist.* Keywords: relational psychoanalysis, self psychology, intersubjectivity theory, client-centered therapy.

Author note: Edwin Kahn, Ph.D., is professor emeritus in psychology at Queensborough Community College, The City University of New York, where he taught for 31 years. He has been a psychotherapist for over 30 years, and has written articles comparing the theories of self psychology, intersubjectivity, and client-centered therapy. He has also written on the concept of non-directivity. Early in his career, while at the Mount Sinai School of Medicine, in New York City, he was active in the then-emerging field of sleep research.

A version of this paper was presented as the keynote address at the 24th Annual conference of the Association for the Development of the Person-Centered Approach, Kutztown, PA, USA, June 17, 2009.

Edwin Kahn (kahntact@nyc.rr.com) may be contacted by email.

The Person-Centered Journal, Vol. 17, No. 1-2, 2010

I value and cherish the teachings of the client-centered approach for the ways it has enhanced the practice of psychotherapy and for how it seeks to influence ordinary people (non-clients) through social change. As I will explain, some of my therapeutic roots were in psychoanalysis, and in particular Heinz Kohut's self psychology. I continue to find aspects of the psychoanalytic literature to be intellectually stimulating, of historical interest, and in some respects this literature helped increase my understanding of the therapeutic process. I have observed, in email correspondences and in the literature (e.g. Frankel & Sommerbeck, 2005), when client-centered theorists critique psychoanalytic approaches they often cite out-of-date psychoanalytic references. Contemporary psychoanalysts have incorporated many of Rogers's ideas (without giving him credit) in their therapeutic work, which is a momentous change from the Freudian orthodoxy of the 1970s and earlier. Therefore, a primary purpose of this article is to present an overview of contemporary psychoanalysis for client-centered therapists who may be interested in learning more about this literature. I will do this by summarizing ideas from three contemporary psychoanalytic approaches: self psychology, intersubjective theory, and relational psychoanalysis. I will show that although the theories and terminology are different, the practice of client-centered therapy and self psychology, in important ways, are similar. Relational psychoanalysis, with its emphasis on the expression of the therapist's subjectivity through self-disclosures, enactments, confrontations, etc., differs significantly from the client-centered therapy. However, there is some overlap since both relational analysts and client-centered therapists respect a patient's or client's autonomy and freedom of choice with regard to any therapist input; that is, no authority or control is ever imposed on anyone. This attitude contrasts with the orthodox Freudian approach of earlier times, where analysts usually thought they knew the behaviors and beliefs that were right for the patient. A different purpose of this article is to describe some aspects of my ongoing development as a psychotherapist. Finally, I assume, in this paper, that readers are already familiar with the methods and theory of client-centered therapy.

On the Expression of the Therapist's Subjectivity (Therapist-Frame Responses)

Client-centered therapy, as practiced by Rogers and as continues to be today, is based on the therapist's empathic understanding, unconditional positive regard, and a non-defensive openness (congruence), as well as on a non-directive attitude (Brodley, 2005; Bozarth, 1998; Grant, 1990). With a non-directive attitude, the therapeutic focus is on understanding and valuing the client's subjective experience, as well as on prizing the client as a person. Any expression of the therapist's idiosyncratic subjectivity, or what Brodley calls "therapist-frame responses," is kept to a minimum. I will begin with a quote from Barbara Brodley which she wrote in an email correspondence shortly before her untimely death. Therapist-frame responses, then, refer to responses that depart from empathic understanding, such as therapist self-disclosures, interpretations, confrontations, advice, etc. Barbara said,

> I think you are right, therapist-frame responses can have a big, and, to the client, important impact. I don't give that the weight you do, because I am aware of insidious side effects, such as the disempowering of the client as self-determiner, or the way such things give more power to the therapist in client's eyes, or just the fact that the therapist has temporarily stolen the process from the client. Still, I am not suggesting we never offer our own insights or ideas - just not systematically, and with awareness of possible side effects, even if they are not apparent (B. Brodley, email communication, June 7, 2006).

I deeply appreciate the non-directive attitude, and I feel attempting to master it has helped immensely to improve my listening skills. This attitude should be an essential element in the training of all psychotherapists. However, I feel a bit less concerned than Barbara about the "insidious side effects" of expressions of the therapist's subjectivity-- if these expressions are offered with no hidden personal

agenda by the therapist, and are presented in a tentative way, and within the context of unconditional positive regard and empathy. Grant (1990), in describing a "principled non-directive" attitude, emphasized the discipline, self-restraint, and training it requires. With this attitude, therapists respect the voices of their clients, and the clients' "right to determine their path in life" (p. 82). Grant also wrote that non-directive therapy

> …is a way of being, and not a method, because it allows the therapist to make novel, personal, unplanned responses. … These spontaneous and nonsystematic actions must be understood as coming from someone in whom the attitudes are deeply ingrained (p. 85).

In this paper I present several examples of expression of the therapist's idiosyncratic subjectivity. In two of the examples I suggested a different topic for the client to pursue during a session. The resulting exploration in this new area seemed to enhance the therapeutic dialogue. I believe these examples demonstrate the flexibility of client-centered therapy, when non-directivity is appreciated as both an attitude and a way of being rather than a set of limiting behaviors.

Several Differences That I Have Appreciated Between Psychoanalysis and the Client-Centered Approach

One difference between psychoanalysis and client-centered therapy is that psychoanalytic theory concerns itself with psychological development, while the client-centered approach deals more with the here-and-now. With this developmental interest, analysts are often motivated, through interpretations, to help patients gain insight into the past causes of their current behavior and attitudes. Another difference is that psychoanalysts ideally want to see patients multiple times per week and long-term (Safran, 2009; Stern, 2009), whereas Rogers, and contemporary client-centered therapists, usually allow the clients' wishes to decide the frequency of contact. Perhaps, because of these more frequent meetings, the ways in which the two participants

influence one another (the countertransference and transference interactions) is often of greater interest to psychoanalysts. As noted, psychoanalysts predominantly work long-term and intensely with individuals, often people who are more affluent, while Rogers, starting from his early days in Rochester (Kirschenbaum, 2007), appreciated the need to help greater numbers of people through social change and group experiences. Rogers and others in the client-centered community, have brought the philosophy of the approach to areas outside of therapy, such as education, parenting, business, medicine and nursing, expressive arts, cross-cultural work, poverty, conflict resolution, peace projects, etc. Finally, I appreciate the democratic values of the client-centered approach (where the ADPCA organization for many years refused tax exempt status because it was morally opposed to labeling someone as President or CEO, an IRS requirement), in contrast to the hierarchical, and sometimes elitist tendencies (see Safran, 2009, pp. 100, 103, 113) of some of the psychoanalytic approaches.

My Personal Background

Before I review theory, I would like to comment about my personal background. For 31 years I was a full-time college professor, and for much of that time had a small, part-time psychotherapy practice. In the late 1970s I was teaching a course on Personality Theories, and I began to see similarities between the new ideas of Heinz Kohut and Carl Rogers' theories. So in order to get promoted I began writing articles comparing self psychology (Kohut, Stolorow, and others) with client-centered therapy, including a well-received article (Kahn, 1985), entitled "Heinz Kohut and Carl Rogers: A Timely Comparison," that was published by the American Psychologist and still read today. I am aware now that during the 1980s and 1990s I was good at writing theory papers, but my skills as a practicing therapist were still evolving. In 2001 I retired from college teaching, and for the past eight years I have focused on developing my competencies as a psychotherapist. Since retiring from academia, my readings in the psychotherapeutic field diminished, and I began reading a few novels instead. Also, during this time, I began to meet with a relational

psychoanalyst for my own personal therapy. I feel, in my sessions with him, that this analyst provided the three core Rogerian conditions; however, he made no claim to be non-directive. As a matter of fact, he seemed to disparage non-directivity as a helpful therapeutic attitude (relational analysts have little inhibition about offering input from their frame of reference--more on that later). However, as a result of my work with him, my skills as a psychotherapist seemed to improve; that is, I began to see clients for longer intervals, and my practice gradually filled up. The question occurs to me—in what ways was he helpful? Often I did appreciate his input, and when he was off the mark, I would tell him so, and then continue with my train of thought. His setting of boundaries for me and his professionalism (a strict 45 minute hour; minimal personal self disclosures) were useful to me in setting boundaries and being more professional in my work with clients. I certainly felt he liked me (even when I, infrequently, chided him for interfering with my process!), and understood me, and, actually, much of the time he was non-directive and an excellent listener. Also, maybe, tolerating some of his imperfections allowed me to tolerate some of my own.

My Developing Interest in Kohut and Self Psychology

In the 1970s I was introduced to Heinz Kohut and self psychology by the supervisor I had at the time, Marjorie Taggert White. Kohut was becoming very popular in New York City, and I became one of the founding members of a local organization, named the Association for Psychoanalytic Self Psychology (APSP), which is still going strong today. In 1980 I went to Boston and heard Kohut speak at the Fourth Annual Self Psychology Conference. He was very impressive, and I became smitten, listening very carefully to every word he spoke. He spoke with considerable feeling, was charismatic, and seemed brilliant, with a special knowledge of the mind, and, especially patients with injury-prone personalities. His writings on narcissism and vulnerable selves resonated with some of my own personal experiences. When Kohut described how a vulnerable self attempts to stimulate, soothe, or pull itself together with excesses in sex, aggression, drugs, food, or by other means (e.g. compulsive

jogging), he seemed to be describing aspects of my own functioning. He also wrote that rational appeals to such patients to utilize greater self-control are ineffective; it is ***the gradual strengthening of the structure or cohesiveness of the self***, through empathic understanding, that enables the person to better control rage, inappropriate sexuality, or other behavioral excesses (Kohut, 1972/1978, p. 646; Goldberg, 1978, pp. 263-296). These ideas were very meaningful to me then, and still are.

My Gradual De-Idealization of Kohut

Through the 1980s and 1990s my allegiances gradually changed. I started attending client-centered meetings in the United States and internationally. I found that I was more comfortable at those meetings than at the more formal psychoanalytic conferences. At client-centered meetings, in addition to intellectual presentations, there were small group and large group or community experiences, and more friendly interactions among participants, all of which I found rewarding and satisfying (especially interesting were the large international community meetings, where people from different cultures intermingled in an experiential way). I found the hierarchical nature of the psychoanalytic conferences, where there were psychoanalytic "stars" (important speakers), an "inner group," and "master classes," unappealing to me. I developed lasting friendships with client-centered colleagues. I began watching videos of Rogers doing therapy, which Barbara Brodley generously sent to me, and came to appreciate more fully Rogers's way of doing therapy, and him as a person.

Also, I began to see shortcomings in Kohut. Jerold Bozarth (1998) emphasized the revolutionary premise of Rogers's theory, "namely that the total locus of control belongs to the client. It is the client who knows best and that it is the client's way, direction, and pace that is freed by the relationship of unconditional positive regard through empathy (Bozarth, email communication, April 27, 2009)." Kohut, certainly, as an analyst, was extraordinarily empathic; however, in his therapeutic work, and as a teacher, he sometimes sounded like an expert (see, for example, his concluding remarks on "The Two

Analyses of Mr. Z" [Kohut, 1979, p. 26]). Aspects of Kohut's personality, his growing stature in the analytic community (people would fly to Chicago from various parts of the world to have a consultation with him), and the orthodoxy of psychoanalysis in that era may have all contributed to his somewhat strict and austere presence. One of his patients described strongly ambivalent feelings after learning of Kohut's death (Strozier, 2001, pp. 358-361). Kohut required him to have sessions four times a week (the "pure gold of psychoanalysis"), pay for missed appointments (even though he did considerable travelling for his business), and gave opinions about how much progress he was making and how much more therapeutic work he needed (Strozier, 2001, p. 358). After Kohut died, this patient, who was seeing him up to the time of his death, "was in anguish at the shock of losing someone who had mattered so much to him. But he also felt freedom. He was no longer responsible for having to turn his life over to somebody and keep that appointment and feel guilty if he missed it. Relief and anguish were equally mixed (Strozier, 2001, pp. 360-361)." Hopefully self psychologists of today are more flexible about frequency of contacts than Kohut was in his era of psychoanalytic orthodoxy.

Kohut was referred to as "Mr. Psychoanalysis" by his peers at Chicago Institute of Psychoanalysis, since for many years he taught psychoanalytic courses from an orthodox Freudian perspective (Strozier, 2001). I have come to believe that Kohut took Rogers's ideas on empathy and the self, and without giving him credit, incorporated these concepts as the core of self psychology (Kahn, 1996; Kahn & Rachman, 2000). Kohut and Rogers were both at the University of Chicago at the same time (1945 to 1957), and Kohut was clearly aware of Rogers' new ideas. However, he described Rogers' work with considerable disdain, and an air of psychoanalytic superiority (Kohut, 1973/1978, pp. 523-525). When comparing what was obviously client-centered therapy to the work of a general repairman who managed to fix an old alarm clock of his by just cleaning it, Kohut (1973/1978) said,

> I think that my so-called watchmaker had a higher percentage of successes and knew more about what he

> was doing than most of the psychotherapists who borrow one or the other insight or technical rule from psychoanalysis and apply it without understanding (p. 525).

It is ironic that Rogers, with his openness and non-defensiveness, as well as for his respect for the autonomy of each individual client, understood the process of therapy quite well. I do not wish to diminish Kohut's enormous contributions (he helped humanize psychoanalysis), but it was self-serving of him to dismiss and refuse to credit Rogers for his earlier seminal contributions on the therapeutic benefits of empathic understanding.

Kohut's "Selfobject" Concept and His Focus on the Patient's Subjectivity

Kohut's theory of "selfobject," and "selfobject transferences," has been one of his most important contributions. A selfobject is the experience of another person who is completely attuned to the needs of one's "self." Besides being empathic, a selfobject can be "mirroring" (the "gleam in the mother's eye"), and/or is a source of "idealization," that is, the parent or therapist, is experienced by the child or patient as a flawless idealized other. Kohut also described a twinship selfobject, which is the experience of another person as essentially like oneself, a human among humans. Selfobject experiences enhance vitality (Fosshage, 2003), and improve self-regulation and self-esteem in a child or patient. When a client-centered therapist is optimally providing the three core Rogerian conditions, it may be assumed, in Kohut's terminology, that the therapist is serving a selfobject function for the client. Therapeutic growth, for Kohut, consisted of the slow internalization of this selfobject function. Using a different language, stabilization of self-esteem and personal growth is surely facilitated from internalization of unconditional positive regard and empathic understanding in client-centered therapy. It is also important to emphasize that contemporary self psychologists have changed considerably (even from Kohut's thinking); they now believe that just being empathic is more helpful therapeutically than insight from

interpretation (Gill, 1994). In the above ways there is considerable similarity between self psychology and the client-centered approach.

One additional similarity between the two theories is that self psychologists, just like client-centered therapists, focus mostly on the patient's experiences, and seek to avoid the expression of the analyst's subjectivity. For example, Goldberg (1986) said, self psychology "wishes to minimize the input of the analyst into the mix. … It is not minimized merely to keep the field pure so much as to allow a thwarted development to unfold. … [I]t is based on the idea of a developmental program (one that may be innate or pre-wired if you wish) that will reconstitute itself under certain conditions (p. 387)." This innate or pre-wired developmental program sounds very much like Rogers's actualizing tendency.

Stolorow's Intersubjectivity Theory

Robert Stolorow and his associates (Stolorow, Atwood, & Brandchaft, 1994), in the 1980s, began building on Kohut's work by articulating a two-person, "intersubjective" approach. In orthodox Freudian psychoanalysis of the early and mid-20th century, the analyst's involvement in the relationship was minimized, and the blank screen analyst was abstinent, neutral, detached, and objective. With this shifted interest to the interaction of two subjectivities, emphasis was placed now on the analyst's contribution to the relationship. Stolorow (1994) wrote, "The impact of the analyst and his organizing activity on the unfolding of the therapeutic relationship itself becomes a focus of analytic investigation and reflection (p. 222)." Infant research further demonstrated the bidirectionality and mutual influence of the intersubjective field (Stern, 1985). For example, a child's capacity for self-regulation is based, not on the child alone, but on the child-caregiver system of mutual regulation (Beebe & Lachmann, 1988, 1992).

Stolorow theorized that "organizing principles," which develop from child-caretaker interactions, come to influence, in important ways, adult functioning. Daniel Stern (1985), with his concept of RIGs (representations of interactions that have been generalized), demonstrated how these organizing patterns form in early

development. These organizing principles are related to Piaget's concept of cognitive schemas, and may reveal themselves in the therapeutic interaction as the transferences (Kahn, 1987) of **both** the patient and therapist. Organizing patterns become problematic during childhood from selfobject failure, that is, faulty family interactions. The concept of selfobject failure seems similar to, and is, perhaps, a more inclusive concept than Rogers's "conditions of worth" (see Warner, 2009, for a discussion of limitations of the conditions of worth concept). Therapeutic change, for Stolorow, comes from positive relational experiences with the analyst, leading to the formation of new, healthier organizing principles, and from increased reflective self-awareness. Stolorow & Atwood (1992) wrote,

> Successful psychoanalytic treatment, in our view, does not produce therapeutic change by altering or eliminating the patient's invariant organizing principles. Rather, through new relational experiences with the analyst in concert with enhancements of the patient's capacity for reflective self-awareness, it facilitates the establishment and consolidation of alternative principles and thereby enlarges the patient's experiential repertoire. More generally, it is the formation of new organizing principles within an intersubjective system that constitutes the essence of developmental change throughout the life cycle (p. 25).

Self psychologists have also described how the rupture and repair of the relationship is another important source of therapeutic change (Fosshage, 2003, p.434; Wolf, 1988). Rupture consists of the minor misattunements of the analyst, which are inevitable, and repair might be an apology or an empathic response to the patient's needs. Rupture and repair constitutes a "corrective emotional experience" (Kohut, 1984, p. 78), which contrasts with earlier experiences with family, where there was rupture and more rupture, and no repair.

In different respects, Rogers work preceded many of the "new" developments in psychoanalysis. For example, in contrast to orthodox Freudian psychoanalysis of that era, Rogers, in the mid-

1940s, while at the University of Chicago, anticipated the development of intersubjective psychoanalysis. With the influence of two of his graduate students, Oliver Bown and Eugene Streich, Rogers described the "therapist as entering into the relationship in a much more full and personal manner" (Raskin, personal communication, August 30, 1995). Rogers' dialogue with Martin Buber, in 1957, on "I-thou" interactions, further contributed to his emphasis on "real reciprocity" in relationships (Thorne, 1992, pp. 69-70, 83-84).

Relational Psychoanalysis

At the time Stolorow was expanding on Kohut's writings, a separate intersubjective approach was establishing itself, called relational psychoanalysis. Stephen Mitchell and other mostly American psychoanalysts contributed to the development of this relational approach (Skolnick & Warshaw, 1992).These theorists were influenced by the interpersonal psychoanalysis of Harry Stack Sullivan, and British object relations and feminist theories. The relationalists emphasized the therapeutic use of the analyst's countertransference. Countertransference, as Racker (1968) noted earlier, was no longer considered a therapeutic error or a sign of personal flaws, but rather pervasive and inevitable, and "an invaluable source of therapeutic understanding (Wachtel, 2009, p. 167)." As a result, for the relationalists, there is a greater expression of the therapist's subjectivity, and confrontations between the analyst's and the patient's subjectivities, which were labeled "enactments," are not avoided. As can be seen, the relational approach differs substantially from client-centered therapy.

Bromberg (1991), in describing the relational approach, said,

> I take as axiomatic a view of reality as structured through the active interplay between two people with independent centers of subjectivity. The analyst's perception of his patient (his "knowing") is offered to the patient not as a corrective to the patient's faulty or distorted view but as a subjective impression to be

> explored for its wrongness as well as for its compatibility with the patient's own experience (p. 435).

Bromberg (1989) also wrote,

> …nor are confrontations systematically avoided as "failures" in empathy. … For characterological growth to occur the patient must be able to see himself through the eyes of the analyst as an ongoing aspect of feeling himself validated and understood in the terms he sees himself (p. 277).

"Other-Centered Perspective"

James Fosshage (1997, 2003) labeled the offering of the analyst's perception of the patient, as described above by Bromberg, an "other-centered perspective," and contrasted it with self psychology's "empathic listening perspective." The other-centered perspective refers to what it feels like to be the other person in a relationship with the patient. Fosshage (2003) wrote, we can "experience a patient as hostile, controlling, loving, or appealing. … This information about the patient and the interaction … informs us about how the patient impacts others and about the patient's patterns of relating (pp. 422-423)." Fosshage (2003) added, "the disadvantage of using the empathic mode exclusively … is to deprive a patient of direct feedback on how others may experience the patient, potentially reinforcing a solipsistic world (p. 423)." (Solipsistic is defined as being self-centered, egotistical, or narcissistic.)

There seem to be two distinct aspects of Fosshage's "other-centered perspective," that is, one may either challenge a flaw or shortcoming, or, on the other hand, express genuine appreciation of the desirable aspects of the patient's personality. Obviously, the confrontational aspect of the other-centered perspective is always conveyed in the context of mutual trust and respect for the patient. There is the danger, however, that such comments may be a subtle or unconscious expression of the therapist's anger or disappointment with a patient (Stolorow, et. al., 1987, p. 114). In contrast, the honest

expression of appreciation of the positive qualities of a patient should be unequivocally helpful (Yalom, 2002, pp. 13-16). I will present such an example at the conclusion of this paper (see p. 21).

"Enactments"

Enactments, described as dramatic engagements of "mutually unconscious influence between patient and analyst (Aron, 2003, p. 627)," are of special interest to the relationalists. Aron (2003) wrote, "enactments constitute especially challenging moments for the analyst and may be decisive turning points in the analysis. These … are times of high risk and high gain for both patient and analyst (p. 625)." And Bass (2003) commented, "enactments often rest on mistakes, slips, and blind spots that serve as doors through which the analyst and the patient are transported into realms of personal encounter and self-experience that might otherwise remain inaccessible (p. 661)."

Shumsky and Orange (2007), discussing enactments from a self psychology perspective, wrote, "surely all psychotherapists experience heightened or 'dramatic engagements' with at least some patients (p. 184)". The authors describe an unintentional enactment ("Our First Fight") which happened with one of Shumsky's patients. This conflictual interaction occurred at the end of a long therapeutic day, where the patient's complaints triggered an area of vulnerability in her therapist. The patient, who had been seen for years, was injured by the therapist's unempathic, confrontational remarks, but came to see the truth in them, and the relationship, after the rupture, was repaired. Shumsky and Orange write that

> …in some clinical situations this struggle to make a place for the analyst's authentic participation may well succeed in generating vital new relational experience. But, with other patients needing validation and mirroring it might just as easily create a power struggle leading to an unyielding impasse or a treatment destroying negative therapeutic spiral (p. 185).

Rather than highlighting the dramatic moments of an enactment, Shumsky and Orange "emphasize the healing power of sustained, ongoing, attuned mutual regulation" that can be helpful over time (p. 190). Shumsky and Orange also, with some humor, reported that someone (reference lost) used a gardening metaphor to capture the difference between the self psychologists and the relationalists. The self psychologists (and, I should add, client-centered therapists) emphasize the watering aspect of the growth process while the relationalists, the weeding aspect (p. 188).

I will present an example of an enactment in my work with a client. A female client came to her session and began to describe a situation where she irrationally blew up angrily at her boy friend at a party. As I listened to her vivid description I started to become tense and uneasy inside, sensing her anger, and aware if I said the wrong thing I, too, might be the target of her hostility. A level of tension built up in me where I had to express what I was feeling. I said to the client, "I am feeling tense inside and am aware that I am frightened of your anger." She heard my comments without criticism. Then I had another feeling, that in her anger I sensed her considerable power and strength. I shared these feelings with her as well. As we continued to communicate she spontaneously reported that these intense (at least for me), genuine two-person interactions were important for her, and that this interaction motivates her to come back each week. With most clients I spend most of sessions listening empathically, but this client has evoked emotions in me, maybe because of my own vulnerabilities. For whatever reason, she reports that these emotional interactions, which have never escalated into hostility, have been helpful. More recently, while describing other hostile outbursts she had, I have felt more comfortable listening, without fear of her anger toward me.

It is also of interest that in New York City we have a leaderless experiential group of client-centered psychotherapists that meets monthly. We have been meeting regularly with mostly the same people for some years now, and have developed strong attachments to one another. The participants express considerable empathic understanding toward one another in the group. However, not rarely, confrontations do occur, which include deep conflictual interactions among members. These encounters can be labeled enactments. It

seems that at times of these enactments, a more profound experience is occurring for the group. Deeper layers of the personality seem to emerge during these encounters. And in this group situation, they seem to be very helpful, perhaps because of the group's empathic responses to the individual members who are in conflict. It would seem that in a supportive group, with people who are not too vulnerable, confrontation, at times, can enhance the depth and meaningfulness of the participants' experiences.

"Transference"

While seeing clients, I rarely think about the psychoanalytic concept of "transference." However, when clients, for no reason that I have precipitated, evoke feelings of anger in me, I find transference to be a valuable concept. I have been meeting with an intelligent man in his 40s, who, over time, began acting in ways that angered me. For example, he once came very late, saying he went to the gym instead of coming to the session as scheduled. At other times he didn't come and didn't call to cancel or left unclear voice mail messages, so I didn't know whether he was coming or not. Also when he did come, he repeatedly arrived late. I knew that this client was often hurt by important people in his life, including his parents, his older brother, and women, in different romantic relationships, as well. I thought to myself that he was attempting to hurt me and disregard me, as he had been hurt and abandoned. Recognizing the client's "transference" helped to sustain my empathic understanding, and allowed me to modulate my considerable frustration at his actions. On several occasions I said, "You seem to be treating me badly just like important others have treated you." I doubt that this interpretation was particularly helpful, but it offered me a ray of hope that I would be treated better in the future. It would seem that in certain situations, and especially with clients who have issues with anger, that the concept of transference can serve to enhance the therapist's empathic understanding.

I will describe one other example where the transference concept seemed useful. The client, a woman in her 20s, loved and was very dependent on her older husband, while in different ways he

treated her poorly. For example, his business trips became longer than planned, and there was some evidence that he was unfaithful. Over time, and at his urgings, they separated. After separating, as she interacted with other men, a theme of her passivity became apparent in these new relationships. Also for many months she was avoiding filing for divorce, even though her husband showed no interest in saving the marriage. In one of our sessions she was looking at me dependently and wistfully, with longing eyes, as she had on some occasions before, for answers about what to do regarding the divorce. I felt, from her look, as if she were surrendering her personal power to me. I said, "It seems as if you have become dependent on me, as you were with your husband, and in other relationships as well." This transference interpretation seemed to have an effect, since in subsequent sessions she more readily acknowledged her dependency needs with her husband, the men she was now dating, and even me.

Different Clients with Different Needs

Will one method of therapy work for all patients or at different phases of work with a particular patient? Bromberg (1989), in describing his interpersonal approach, refers

> …to its fundamental commitment to the process being shaped by who the specific individual is as a human being rather than by its theoretical assumptions … . It would therefore be antithetical to interpersonal analysis to consider any analytic stance—including the empathic/introspective stance of self psychology—as facilitative to all patients (pp. 282-283).

Kohut (1981/1991) described severely traumatized patients, who, "for many years … need an empathic understanding on the closest level that we can muster (p. 534)." Such patients, according to Kohut (1984), require very long periods of just understanding or attentive silent listening—they cannot yet tolerate the otherness, separateness, or foreignness of the therapist (p. 105, p. 177). Garry Prouty's (1994) pretherapy with long-term psychotic and mentally

retarded clients involves repeating exactly what the client says without variation. This technique illustrates, with those extraordinarily vulnerable clients, how desperately they need validation. On the other hand, higher functioning individuals, whose sense of self is more stable, cohesive, and mature, who perhaps have been in therapy for a longer period of time, may appreciate occasional expressive input from the therapist's frame of reference. Bohart (1998) described such a client, a colleague of his, who wanted her therapist "to argue with her, debate with her, express opinions, suggest techniques, and so on, *while* respecting her self-directed growth process and autonomy" (p. 69).

Psychotherapeutic Discipline and the Need to Sometimes "Throw Away the Book"

Irwin Z. Hoffman (1998) has described various dialectical interactions, such as the one between psychoanalytic ritual and the spontaneous participation of the analyst. According to Hoffman, within the context of adhering to therapeutic discipline, it can be helpful, once in a while, to "throw away the Book." Hoffman (1998) writes,

> The patient might view the analyst as content to sit back and pat him- or herself on the back for doing 'the right thing,' according to whatever the Book requires, at the expense of attending in a creative way to the patient's needs. Alternatively, or simultaneously, the patient might view the analyst as fearful of any kind of personal engagement (pp. 195-196).

Hoffman adds that "when the patient senses that the analyst, in becoming more personally expressive and involved, is departing from an internalized convention of some kind, the patient has reason to feel recognized in a special way." (p. 195)

Nat Raskin (1978/2004), from a client-centered perspective, has also expressed a need to break from convention, and thereby "throw away the Book" (see especially, p. 112). Raskin wrote that Bown, Streich, Rogers and others came to appreciate "that the person

of the therapist must be expressed in the therapeutic process and my own greater ability to do this (p. 104)." And he added, as a result of being a client in Gestalt therapy and a participant in peer groups, "I have learned to overcome my inhibitions—to cry, to get angry, to love. And I have been able thereby to enrich my practice as a therapist (Raskin, 1978/2004, p. 115)."

I conclude with three brief clinical descriptions where I "threw the Book away," and departed from an empathic listening stance, and, in two examples, suggested a different topic for the client to explore. After 12 sessions with a 20 year old college student, who repeatedly spoke of her insecurity in class and with guys that she met, I began to experience our relationship as being somewhat superficial, and perhaps a bit boring. To engage more fully, I asked if she would be interested in talking about her family life. When she responded "Yes," I asked, "How well did your parents listen to you?" After 12 sessions of listening to her talk uninterruptedly about her various insecurities, that question seemed relevant. She then said dramatically, "They never heard me at all!" This statement, the most profound uttered until then, opened up an exploration of some central issues, including gross misunderstandings between her and her parents while growing up, and a truly horrible experience with a psychiatrist during that time. From this probe, what felt like a superficial relationship changed into a more meaningful, honest therapeutic relationship, with greater mutual appreciation.

A high functioning woman who I had been meeting with for some time came to her session and began talking about her successful career, her tentative vacation plans, an interaction with a friend, and other, what I experienced as, chatty topics. I realized I was not connecting with her, and I began to think she was avoiding talking about what she described at our previous meeting, which, I must also admit, I was curious about. Finally, about half way through the session, I asked, "Well, what about that journalist who was attracted to you that you mentioned with interest the last time you were here?" The second half of the meeting became much more meaningful and genuine. Our connection was restored, and she spoke openly about her fear of falling in love with this guy, losing him, and her past hurtful, sad and very disappointing relationships. I believe that if I had

just stayed with her process, the session would have been wasted, and we would not have gotten to this deeper level. Her relationships with men is a particular current area of vulnerability for her, we both know that, and a mutual trust has developed which allowed us to explore her feelings about this topic.

I end with a anecdote where I departed from an empathic stance, and complimented a client, which is an example of Fosshage's (1997, 2003) "other-centered perspective." In the context of her description of very hurtful and unjustified remarks from her mother, I said to a client that she seemed very likeable to me. I didn't give much thought to my expression of genuine feelings, and she didn't seem to react in the session. However, at our next meeting she reported that she was deeply affected by it. She said after the session ended she went to her car and began sobbing uncontrollably for several minutes, and her feelings continued during her long drive home. My honest appreciation, which she rarely had from her insensitive parents, triggered these tears of bittersweet joy. This incident reminds me of the interview of Rogers with Gloria, when Rogers spontaneously said to her "You look to me like a pretty nice daughter." Gloria seemed briefly taken aback by Rogers's words at the time, but I wonder (disagreeing with Frankel and Sommerbeck, 2005, p. 49; 2008) if genuine appreciation of a client cannot be anything but helpful.

Conclusion

In this paper I have presented an overview of self psychology, intersubjective theory, and the relational approach with the goal of providing client-centered therapists with a summary of some recent developments in contemporary psychoanalysis. I have also described some aspects of my personal growth as a psychotherapist, including my idealization, and then gradual de idealization of Heinz Kohut and self psychology. As a therapist I have found some of the theoretical concepts of psychoanalysis helpful, such as "organizing principles," "transference and countertransference," and "strengthening the structure and cohesiveness of the self" through empathic understanding, even though I rarely think about those concepts as I work with clients.

In spite of differences in method and theory for each of the psychoanalytic approaches summarized, and between those approaches and client-centered therapy, there is some overlap between contemporary psychoanalysis and client-centered therapy. For example, both client-centered therapy and self psychology attempt to keep expressions of the therapist's subjectivity to a minimum. Although relational psychoanalysts willingly express their unique subjectivity to patients, they do so with a respect for each patient's freedom to use or discard what is offered. Client-centered therapists are much less likely than relational analysts to confront, make interpretations, or make self disclosures. However, when a client-centered therapist does self-disclose, he or she does so with a non-directive attitude, that is, with an appreciation of the client's freedom to take or leave what is offered. In respecting the individual client's or patient's freedom of choice, there is a similarity between the client-centered and relational approaches.

In the worlds of client-centered and psychoanalytic therapy there has been a lack of appreciation and understanding of the other discipline's contribution and efforts. American psychoanalysts, in general, have rarely appreciated Rogers's contributions, which have been dismissed as superficial and simplistic, while client-centered therapists fault psychoanalytic work by citing writings from the very orthodox, detached Freudian approach of the past. Rogerian theory, in many respects, is simple, but enormously profound, and many of his ideas have been incorporated in contemporary psychoanalysis. For example, Magid (1996) wrote,

> I think it is ironic that much of what has come to be thought of as progress in psychoanalysis has in fact been the result of subtraction from, rather than addition to, our theories. As analysts we have increasingly learned to get out of our patients' way. (p. 626)

Along with empathic understanding, unconditional positive regard, and a non-defensive openness, getting out of the clients' way is just what client-centered therapy is all about.

References

Aspy, D. N., & Roebuck, F. N. (1977). *Kids don't learn from people they don't like.* Amherst, MA: HRD Press.

Berk, L. E. & Winsler, A. (1995). *Scaffolding children's learning: Vygotsky and early childhood education.* Washington, DC: National Association for the Education of Young Children.

Cook, J. M., Biyanova, T., & Coyne, J. C. (2009). Influential psychotherapy figures, authors, and books: An internet survey of 2,000 psychotherapists. *Psychotherapy: Theory, Research & Practice, 46*, 42-51.

Cornelius-White, J. H. D. (2007b). Congruence as extensionality. *Person-Centered and Experiential Psychotherapies, 6*, 196-204.

Cornelius-White, J. H. D. (2007c). Learner-centered teacher-student relationships are effective: A meta-analysis. *Review of Educational Research, 77*, 113-143.

Cornelius-White, J. H. D., & Harbaugh, A. P. (2010). *Learner-centered instruction: Building relationships for student success.* Thousand Oaks, CA: Sage.

Diaz, R. M. & Berk, L. E. (Eds.). (1992). *Private speech: From social interaction to self-regulation.* Hillsdale, NJ: Erlbaum.

Langford, P. E. (2005). *Vygotsky's developmental and educational psychology*. New York: Psychology Press.

Mayer, R. E. (2004). Should there be a three strikes rule against pure discovery learning? *American Psychologist, 59* (1) 14-19.

Rogers, C. R. (1951). Client-centered therapy. London: Constable.

Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationship as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of a science. Vol 3: Formulations of the person and the social context* (pp. 184–256). New York: McGraw-Hill.

Rogers, C. R. (1969). Freedom to learn: A view of what education might become. Columbus, OH: Charles E. Merrill.

Rogers, C. R. (1980). *A way of being.* Boston: Houghton Mifflin.

Rogers, C. R. (1983). Freedom to learn for the 80's. Columbus, OH: Charles E. Merrill.

Rogoff, B., Mistry, J., Goncu, A., & Mosier, C. (1993). Guided participation in cultural activity by toddlers and caregivers. *Monographs of the Society for Research in Child Development* 58(8, Serial No. 236).

Rogoff, B. & Wertsch, J. V. (Eds.). (1984). *Children's learning in the "zone of proximal development."* San Francisco: Jossey-Bass.

Tausch, R., & Tausch, A.-M. (1963/1998). *Erziehungs-Psychologie. [Educational psychology]* Göttingen, Germany: Hogrefe. (1998: 11th edition)

Vygotsky, L. S. (1962). *Thought and language.* Cambridge: MIT Press.

Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes.* Cambridge: Harvard University Press.