

Carl Rogers, More Relevant Today Than Freud

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Everybody knows the contribution of Sigmund Freud to 20th century psychology and psychotherapy, but do people fully appreciate the contribution of an important American psychologist, Carl Rogers? In different ways Rogers's achievements seem to outstrip Freud's, and they anticipate by several decades recent "discoveries" that are being made in psychoanalysis.

Freud taught us about the unconscious, and the helpfulness of self-awareness, while Rogers's ideas have contributed to the concept of self-esteem. Rogers showed us how necessary it is to listen with acceptance to another, not always an easy task, and be open and non-defensive in relationships. In Freudian psychology, with the unconscious as central, the lifting of repression became a core therapeutic goal. Interpretations became the way to help widen awareness.

However, early psychoanalysts would ascribe unwholesome motives to their patients that were allegedly unconscious. If a patient objected to an interpretation, an analyst might dismiss the objection by labeling it as resistance.

Defense and resistance became important topics in psychoanalysis, perhaps because of interpretations that damaged self-esteem.

Another significant contribution of Freud was his discovery of transference. Freud realized that patients transfer experiences they learn in childhood to current relationships. Transference contributed to making psychoanalysis a developmental theory, that is, analysts were able to trace the past causes of the patient's current experiences.

However, problems arose. Analysts would act as if they were a blank screen, so that the way a patient reacted to them could be interpreted as transference, that is, coming from childhood. But a blank screen is not blank at all; it is equivalent to emotional detachment. The detached manner of a Freudian analyst was easily experienced as a repetition of the trauma of having emotionally uninvolved parents.

Thus, a patient's anger at the analyst might have legitimate basis. But not according to the analyst, who believed that a patient's perception was a distortion, based on transference. If a patient was angry it was unrealistic, and it reflected feelings learned in childhood. This theory absolved the analyst from any culpability in causing the patient's feelings. For analysis to be successful the patient had to acquire a changed outlook, and accept the interpretations of transference distortions. The patient's own experiences carried little weight. The psychoanalyst Evelyn Schwaber (1983) said, "two realities, hierarchically arranged, remained embedded in this outlook: the one the patient experiences, and the one the analyst 'knows'" (p. 386).

This state of affairs persisted until a psychoanalytic revolution of sorts came about in the 1970s with the insights of a former Freudian, Heinz Kohut (see Kahn, 1996). It may not be a coincidence that for many years Kohut and Rogers were in different departments at the University of Chicago. After much struggle, Kohut came to understand that the experiences of his patients were valid. For example, in his

last book, Kohut (1984) wrote, "the patient, as I finally grasped, insisted - and had a right to insist - that I learn to see things exclusively in his way and not at all in my way" (p.182).

However, the importance of listening from the other's perspective was what Rogers was emphasizing all along. For example, Rogers in 1942 said, "there is the greatest temptation ... to inform the client as to his patterns, to interpret his actions and his personality to him. ... To resist this temptation to interpret too quickly, to recognize that insight is an experience which is achieved, not an experience which can be imposed, is an important step in progress for the counselor" (Rogers, 1942, p. 196). Thus, the changed listening stance in psychoanalysis was anticipated by Rogers considerably earlier. It is unfortunate that Kohut and his disciples have not credited Rogers for his accomplishment.

The basic premise of the Rogerian approach is that there is a constructive striving in each of us to reach our potentialities, called the actualizing tendency. When a person experiences unconditional positive regard (non-judgmental acceptance) and empathy from a significant other, the person develops unconditional positive self regard (self-esteem), and the process of actualization is promoted. On the other hand, this natural growth tendency is thwarted when the person experiences conditional acceptance and/or the absence of empathy.

In a therapeutic relationship Rogers never wanted to have an agenda for or guide a person in any way. The therapist's role is to go at the other's pace, and to appreciate that each person is the best expert on his/her life. This process of attempting to avoid opinions, biases, and the imposition of values on another, while being accepting, understanding, and genuine is not very easy, and can not be learned from textbooks. It is a way of being that is probably learned best in personal relationships.

Rogers didn't care for the term "patient," since he didn't think people with emotional conflicts were "sick." He had no desire to "analyze" people. And he objected to the "medical model," where the doctor is an expert with considerable power - Rogers sought to empower people, by listening to them, valuing them and trusting them.

Rogers, in the last decades of his life, came to realize that the ideas that he discovered in the field of psychotherapy, applied to all human relationships. He became interested in applying his ideas to a broader range of activities: in education, family relationships, business management, intercultural affairs and conflict resolution. In this respect Rogers's ideas are permeating our culture today in self-help groups, the classroom, and parenting. Rogers's ideas were very simple, yet profound. With an accepting, understanding, and genuine attitude, and the relinquishing of power and control over others, people will grow. Freud was never that trusting.

References

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