

EFFECTING A COLLABORATION BETWEEN ROGERS'S CLIENT-CENTERED THERAPY AND KOHUT'S SELF PSYCHOLOGY

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Because of important similarities between the two thinkers, it is worthwhile to make a comparison between the contemporary psychoanalytic work of Heinz Kohut and the concepts of Carl Rogers. Heinz Kohut (1971, 1977, 1984) has been an influential innovator in psychoanalysis. His approach, referred to as "self psychology," has incorporated many of the ideas of the Rogerian "client-centered" approach (Kahn, 1985, 1989a, 1989b; Stolorow, 1976; Tobin, 1990, 1991). For example, two of Kohut's most basic ideas, that of the "self" and of "empathy," were discussed by Rogers some 50 years ago.

Several writers, like Robert Stolorow (1986), have demonstrated how aspects of Kohut's innovative ideas retain important ties to psychoanalytic orthodoxy. A more complete appreciation of Rogers's contributions may help self psychologists further free themselves from the orthodoxy of psychoanalytic tradition. On the other hand, an appreciation of Kohut's contributions may serve to further promote the efficacy of client-centered therapy. Tobin (1990, 1991) has also recently made a detailed study of the compatibility of these two approaches, focusing on Stolorow's elaboration of Kohut's work in the area of intersubjectivity.

To introduce the reader to Kohut, this article will begin with a summary of some of his ideas. Next, several of the ways that client-centered therapists may benefit from an appreciation of Kohut's self psychology will be presented. Also included will be a discussion of Kohut's selfobject transferences, and whether they are most helpfully conceived of as transferences. Then, some of the ways that self psychology will be presented. Also included will be a discussion of Kohut's selfobject transferences, and whether they are most helpfully conceived of as transferences. Then some of the ways that self psychologists may benefit from an appreciation of Roger's work will be outlined.

Summary of Kohut's Ideas

Kohut was especially interested in narcissism, and felt that the overcoming of a hypocritical attitude toward narcissism is as much required today as was the overcoming of sexual hypocrisy 100 years ago, in Freud's time. According to Kohut, we should not deny our ambitions, our wishes to shine, or our wishes to merge with powerful others.

Kohut's term "selfobject" is important. A "selfobject" is the experience of another person who is completely attuned to the needs of one's "self." Kohut observed that many of his clients required him to be there as a functional part of themselves, that is, they needed him to be there solely for the purpose of reflecting back their own viewpoints, and if he didn't do that they would get furious or upset. Kohut came to appreciate that in immaturity the "other" is often incompletely distinguished from the self (an archaic selfobject), and then the expected control over the other is close to the control one has over one's own "self," or one's own body, like an arm or a leg. Mature people, too, enjoy having their points of view appreciated, understood, and reflected back (a mature "selfobject" experience), but they can better tolerate and even appreciate the separateness and individuality of the other.

Kohut described three constituents of the self, each of which requires empathic responsiveness during childhood:

The EXHIBITIONISTIC AND GRANDIOSE component of the self requires empathic "mirroring." Development proceeds when caretakers respond with attunement to the child's display of the grandiose-exhibitionistic self. Kohut's phrase "a gleam in the mother's eye" describes such attunement. The provision of "mirroring" by parents facilitates the child's internalization of self-esteem, feelings of vitality, ambitions, and healthy assertiveness.

The IDEALIZING component of the self requires an all-powerful, soothing, calming other. When a child is frightened or overstimulated and is then reliably calmed by a strong, soothing caretaker, the child, over time, acquires the ability to calm and soothe herself/himself. Ideals and values, in later development, also become internalized from admiring the ideals of an important other.

The ALTEREGO OR TWINSHIP component of the self requires the presence of another alike self. In the presence of an alike other, the child comes to feel she or he is a human among humans.

In psychoanalytic therapy, according to Kohut, the above needs may manifest themselves in three kinds of selfobject transferences. In the "mirror transference," the grandiose self insists on continuous empathic mirroring; in the "idealizing transference," the therapist becomes an all-powerful, perfect, soothing other; and in the "twinship transference," the therapist is needed to just be there as a human presence.

Kohut commented that "disintegration anxiety" occurs from the loss of an empathic milieu. He believed that the symptoms of psychopathology were "disintegration products," the attempt of a "depleted" or "fragmented" self to cope in an inadequately empathic milieu. Kohut was critical of the central position of the Oedipus complex in Freudian theory. The Oedipus complex, according to Kohut, implies intergenerational conflict, that is, for example, a mother and daughter in competition for the father and his attention. Kohut said that in healthy development intergenerational cooperation is the rule. In a well functioning family, a mother is proud of her daughter and wants to see her thrive and grow; at the same time a daughter looks to her mother as a source of calming strength and ideals.

Areas Where Kohut's Views may be Helpful to Client-centered Therapists

1. *Strengthening of the self.* The therapeutic goal for Kohut was to increase the structure or cohesion of the self. In his view this increased cohesion is associated with a belated maturation of the components of the self. Widening of consciousness, the goal in Freudian therapy, is only a secondary benefit according to Kohut (1984). Wolf (1987) attempted to describe this curative process as follows:

the self gets stronger, . . . the various parts of the self, aspects of the self, that make for it being a cohesive structure, that that cohesion increases, and that because of the increased cohesion, the self can cope with things better, it can cope with all the old conflicts and the old traumas. And it will still be the same self, but what used to penetrate it and disrupt it now sort of rolls off its back.

In his 1959 paper on the client-centered approach, the therapeutic goal for Rogers seemed to be congruence, that is, the accessibility to awareness of organismic experience (Rogers, 1959), a goal similar to Freud's goal of making what is unconscious conscious. However, Bohart (1991) quoted Rogers in 1985 as denying that he strives to widen awareness. Bohart (1991) said that Rogers "was simply trying to 'be a companion' on the client's journey (p. 41)." According to Rogers "being a companion as clients learn how to listen to themselves does lead to an expansion of consciousness, but that is a by-product, rather than the goal (Bohart, 1991, p. 41)." Thus, while Kohut focused on the increased cohesiveness and structuralization of the self, Rogers seemed more concerned with the openness of the self to its experiences.

2. *Maturation emphasis:* Kohut's self psychology is a developmental psychology, while the client-centered approach is not especially interested in maturation. For Kohut, psychopathology consisted of "arrested development," and the goal of therapy was to bring the archaic constituents of the self to maturity. Therapy does often bring about developmental changes, for example, as it enhances cognitive and affective functioning. Rogers (1986), in contrast, indicated that he was "interested in the process of change in personality and behavior. . . and much less interested in the way in which personality develops" (p. 135). Rogers, with his Humanistic outlook, was probably more interested in the process of self-actualization than he was in maturational changes.

3. *Transference:* The main therapeutic vehicle, for Kohut, was the "reconstructive-interpretative approach," where unhealthy childhood experiences are revived and worked through in the transference. A major contribution of Kohut was his description of selfobject transferences, where early needs for "mirroring," "idealizing," or "twinship" are expressed in the interaction with the analyst, and are then very gradually brought to maturity. I have questioned whether "selfobject transferences" are best conceived of as "transferences" that are to be "analyzed" away through "insight" (Kahn, 1989a). It is interesting, that Kohut, in the early phase of his work on self psychology, did NOT refer to the expression of selfobject needs in the therapy situation, as transferences. In his seminal paper on introspection, empathy, and psychoanalysis, in 1959, Kohut (1959/1978) said, when describing addicts:

their addiction must not, however, be confused with transference: the therapist is not a screen for the projection of existing psychological structure; he is a substitute for it . . . the patient now really needs the support, the soothing of the therapist. His dependence cannot be analyzed or reduced by insight; it must be recognized and acknowledged (p. 225).

Thus, Kohut's position in this early paper is that the patient really needs the support and soothing of the therapist, and that analysis is not possible.

Later, after formulating the concepts of idealizing and mirroring transferences, Kohut (1971, pp. 46, 205) still questioned whether these were legitimate transferences. I wonder whether, because of his strong ties and loyalties to classical analysis, Kohut inserted these new insights into an

analytic framework that they do not naturally fit. The attuned presence of the therapist, which Rogers long advocated, may act as a belated "provision" (F. Arensberg, personal communication, March, 1988) for very basic psychological needs which, during development, were not consistently satisfied. The designation, selfobject "transference," may inadvertently confuse the therapeutic task, since the "transference" term implies that these needs are to be removed through "analysis" or "insight." Rather, it seems more likely that these needs require a belated "provision" or "optimal responsiveness" (Bacal, 1985; Miller, 1985; Terman, 1986) for personal growth to be facilitated. Related to this topic of "provision" are Miller's (1990) and Wolf's (1990) fascinating discussions of Alexander's frequently and irrationally criticized concept of the "corrective emotional experience."

Rogers (1951, pp. 198-218), as is known, deemphasized the importance of the transference, and was concerned with the "real" existential encounter. According to Rogers (1987), "when the therapist's understanding is accurate and his acceptance is genuine, when there are no interpretations given and no evaluations made, 'transference' attitudes tend to dissolve, and the feelings are directed toward their true object" (pp. 186-187). Shlien (1987), using as an example Anna O's erotic attachment to Josef Breuer, also disputed the usefulness of the transference concept. However, the attuned relationship of the present is influenced by the kind of mental "schemas" that BOTH participants bring to it from the past (Stolorow, Brandchaft and Atwood, 1987; Atwood, Stolorow and Trop, 1989). An understanding of the mental content which is being "transferred" from the past can, at times, be helpful. The overemphasis in psychoanalysis on transference analysis may be a remnant of the deterministic approach of the natural sciences; that is, it is considered good science when something in the past explains the present, and analysts, in their desire for objectivity, may want to adhere to a valued scientific methodology (Kahn, 1987).

4. *Idealization*: Kohut described how exaggerated idealization of the therapist occurs when childhood idealization is in some way interrupted. Kohut said that this idealization should be allowed to thrive in the present, and it will then very gradually diminish as a result of unavoidable optimal frustration. To quote him, he said "when an idealizing transference begins to germinate, there is only one correct analytic attitude: to accept the admiration" (Kohut, 1971, p. 264). It is of interest that self psychologists readily allow idealization to assist maturation of the idealizing component of the self; however, they haven't seemed inclined to openly advocate the provision of "mirroring" to aid in the maturation of the grandiose-exhibitionistic component of the self. Kohut (1971) went on to note that therapists with unresolved narcissistic issues may become uncomfortable from being admired too much, and as a result, may discourage such idealization (pp. 262-266). The discouragement of idealization would be a therapeutic mistake, according to Kohut.

5. *Explanations for behavior*: Kohut theorized that exaggerated aggression is the response of a vulnerable or immature self to a narcissistic injury. Withdrawal from social contacts is another response by someone with a fragile self. Kohut also theorized that sexual, eating, drug or other behavioral excesses are attempts to excite, perk up, or sooth an empty, depleted or depressed self, so that the person feels TEMPORARILY alive, vital and strong. In the same way, according to Kohut, going to war or fighting with one's spouse may stimulate a deadened self. And alcohol abuse may serve to calm or sooth an overstimulated self, a self that is uncomfortably on edge. Kohut noted that in psychotherapy rational appeals to utilize self-control with these behavioral excesses are ineffective; it is the gradual strengthening of the structure or cohesion of the self via empathic attunement and empathic interpretation that enables the person to exert greater self-control. Rogers, in contrast, was reluctant to provide explanations for a person's "maladaptive" or "unwholesome" behaviors or feelings.

6. *Empathic interpretations*: Kohut distinguished between two kinds of empathy - understanding, a lower form, and interpretation, a higher form. Kohut (1981, 1982, 1984) felt that both were necessary in the therapeutic process; that is, an interpretative phase was necessary for a psychoanalytic cure. Regarding interpretation, Kohut (1984) said, "the empathic connectedness between patient and analyst is thus retained and, beyond doubt, even deepened in its scope via the analyst's imparting his dynamic and genetic insights to the patient" (p. 185). According to Rogers (1986, p. 128), in Kohut's self psychology the analyst rather than the patient is responsible for movement in therapy, that is, the analyst cures by giving interpretations and explanations. This approach, Rogers thought, is a reflection of the medical model - having an expert, the doctor, cure an illness. In the Rogerian approach, with empathic understanding alone, the client has the capacity to discover his or her own answers and, as a result, feels self empowered. Apart from Rogers's worthy desire to avoid the excesses of the medical model, why has he so strongly cautioned against interpretations? Perhaps Rogers, early in his career, became irritated by the unempathic interpretations offered by his medical, psychoanalytic supervisors (Kirschenbaum, 1979, pp. 58-59, 88-90). It would seem that empathic, self-confirming explanations, tentatively offered, may at times be helpful. For example, it seemed helpful to suggest after several months of therapy to a male client in his early 30s that some of his unusual and violent hobbies of his youth had some relationship to his ambivalent feelings toward his outgoing, but frustrating, stubborn, and hostile father.

On the other hand, it is interesting that several contemporary self psychologists have deemphasized the importance of interpretations, and, as a result, sound more client-centered. For example, Miller (1985) said,

the stressing of interpretation is an ancient tradition in analysis, a tradition that has been perpetuated through the passing of analytic generations, without, in my opinion, open-minded reexamination based upon empirical data. It is possible that if one attempted to maintain an empathic resonance with one's patient, in so far as possible continuously to maintain the mutual efforts at understanding the patient's inner state, that this might be the most productive way to promote increasing self-awareness and maximum therapeutic effectiveness.

And Wolf (1986) said "crucial is the proper attunement of affect, guided by empathy, and not the verbal message that is being conveyed, or what explanations the therapist gives or does not give to the patient."

7. *Congruence and countertransference*: I used to feel that a contradiction existed in Rogers's theorizing. While advocating unconditional positive regard, prizing, and acceptance, as well as empathy, Rogers came to believe that genuineness or congruence was the most basic of the three necessary and sufficient attitudes (Rogers and Sanford, 1984, p. 1378). Rogers said congruence "means that what the therapist is feeling at an experiential or visceral level is clearly present in awareness and is available for direct communication to the client when appropriate" (Rogers and Sanford, 1984, p. 1378). Rogers (1986), in another context, added "boredom, anger, compassion or other feelings may be expressed, when these are a significant and continuing part of the therapist's experience" (p. 131). Raskin (1986), in support of the client-centered approach, said, "congruence or genuineness [that is, expressing persistent feelings] does not contradict the therapist-offered conditions of empathy and unconditional positive regard, but supplements them" (p. 238). Therefore, in an atmosphere in which the client feels accepted and cared about, the client may be able to benefit from the honest expression of feelings by the therapist. Rogers did warn that congruence "is liable to misunderstanding. It certainly does not mean that the therapist burdens the client with all of her problems or feelings. It does not mean that the therapist blurts out impulsively any attitude that comes to mind" (Rogers and Sanford, 1984, p. 138 1). Of interesting relevance to

this discussion is Thorne's (1992, pp. 69-72, 83-84) description of the influence of Martin Buber on Rogers's increased emphasis on authenticity.

With the emphasis on congruence in the Rogerian approach, I wondered whether some client-centered therapists are sometimes inappropriately open and then rationalize their openness in the name of genuineness, as I have done on occasion. Commenting on such tactless honesty C. H. Patterson distinguished between "genuineness" and "therapeutic genuineness," noting that Hitler was probably a genuine person, but certainly was not therapeutic (Myers and Hyers, 1994, p. 50). Obviously, no guidelines can be provided to the client-centered therapist as to when it is appropriate to verbally express one's congruence - Rogers based it on his human intuition. The therapeutic ability to verbally express what is felt in a constructive way may require a wisdom, maturity, and a resolution of narcissistic issues that may, indeed, be difficult to attain.

Kohut (1971) described how narcissistic patients, in their self-preoccupation, will tend to instill boredom, and, defensively, anger, in the therapist. Kohut noted, however, that the expression of these negative feelings by the therapist may inflict added injury to an already vulnerable self. I have painfully observed that for clients who are markedly developmentally arrested, and require long periods of continuous empathic mirroring, being congruent, for example, by verbalizing the viewpoint of the client's son or daughter, may be a harmful mistake. In those individuals the therapist may have to see things only from the client's point of view for very long periods of time, even though, from the therapist's perspective, the client is grossly unfair to others in their lives.

It may also be useful to explore in more detail the ways in which congruence for the client-centered therapist is similar to the exploration of the transference and countertransference for the psychoanalyst. The two processes may, indeed, be similar. For example, does the client affect others outside of therapy (via the transference) in the same way that he or she is affecting the therapist? Or, rather, is it some unresolved narcissistic issue of the therapist (the countertransference) that is being expressed or felt in the congruence? Both choices above may occur simultaneously; therefore, it may be helpful to become aware of the mental "schemas" that each participant transfers from previous experiences into the present (Stolorow, et al., 1987; Atwood, et al., 1989).

Areas Where Rogers's Views may be Helpful to Self Psychologists

1. Being human: In a conference commemorating the 100th anniversary of psychotherapy, Rogers (1985) was asked what the psychology profession has learned over the past 100 years, and he said, "I don't know what the profession has learned, I really don't. I've learned to be more human in the relationship, but I am not sure that that's the direction the profession is going." For Rogers, what is most healing is being openly oneself in a relationship. If a personal question is asked, the aim is not to get associations or fantasies as in psychoanalysis, but rather to answer the question openly, if appropriate. Hidden motivations are not uncovered in the client-centered approach. Rogers and Sanford (1984) said,

the kind of caring that the client-centered therapist desires to achieve is a gullible caring, in which clients are accepted as they say they are, not with a lurking suspicion in the therapist's mind that they may, in fact, be otherwise. This attitude is not stupidity on the therapist's part; it is the kind of attitude that is most likely to lead to trust, to further self-exploration. and to the correction of false statements as trust deepens (p. 1379).

Illustrating the core compatibility between the two approaches, Wolf (1987) compared the role of interpretation to the role of experiencing in self psychology, and said,

it really doesn't matter what you do, what matters is who you are; in other words, if you are the kind of person who feels secure enough in this situation not to bring in your own

narcissistic problems it really doesn't matter whether you do it this way or do it that way (Wolf, 1987).

Kohut, due to his orthodox analytic training, expressed some conflict about being human and real. The warmth and emotionality that Kohut conveyed in his voice and with his whole being, I am sure, made Kohut an exceptional therapist. However, he persisted in the belief that a successful analysis was possible using the reserve of the orthodox approach (Kohut, 1984, p. 82). He did add that, because of self psychology, "I have come to feel freer and, without guilt and misgivings, to show analysis and my deep involvement and concern via the warmth of my voice, the words that I choose, and other similarly subtle means" (Kohut, 1984, p. 22 1). It is hard to believe that, as an analyst, Kohut had to first shed guilt before being able to show warmth and deep involvement toward his patients.

2. Unconditional positive regard: Rogers believed that unconditional positive regard, that is, prizing, accepting, and loving the client nonpossessively, was a crucial therapeutic attitude. When a person experiences unconditional positive regard, according to Rogers, that person develops "positive self regard." As mentioned previously, Kohut and other self psychologists have not been so active in prizing or "mirroring" the person in psychoanalytic therapy. For example, Stolorow (personal communication, June, 1983) wrote,

for Kohut, mirroring is NOT something that the analyst actually tries to provide. Rather it is something that the patient is permitted to experience subjectively as an aspect of the transference revival of an early selfobject tie. The patient's need for mirroring is accepted, understood, empathically interpreted, and ultimately worked through in the transference according to Kohut.

It is apparent, in several examples from "How Does Analysis Cure," that Kohut (1984) does "mirror" his analysands, but he never stated unequivocally that active "mirroring" is therapeutically useful. An appreciation of the Rogerian approach may reduce some of the reluctance of the self psychologist to "mirror" or "gratify" a patient. Miller (1985), an eminent self psychologist gives an interesting explanation for the unwillingness to provide gratification in psychoanalysis. Miller (1985) says,

the principle question that concerns me is why optimal gratification or optimally positive therapeutic experiences has not been more fully studied so far. Political considerations are undoubtedly of importance. Also analysts and therapists tend to be almost phobic about gratification or optimal positive experience. An important reason for this may lie in a strong unconscious apprehensiveness. Our work does expose us to regressive pulls of wishes to merge, identify with, seek comfort with, have erotic experience with, dominate, be dominated by our patients, and this may compel us to seek distance from the patient, and we often utilize austerity and abstinence as tools for this purpose.

In addition to Miller's explanation, I think that the greater constraint of the analytic approach may, in part, be a reflection of traditional sex role stereotypes. Thus, the attitude of the neutral, interpreting observer may have evolved from the masculine ideal of detached objectivity. The reluctance in classical psychoanalysis to be genuine and caring, to provide gratification or unconditional positive regard, and to experience love as the patient is helped and expresses appropriate gratitude (Maddi [1987, p. 174] depicted such love) may emanate from the association of these human qualities with weakness, softness, and femininity. Perhaps, the "analyst's" resistance to accepting the critical importance of these more emotional or nurturing qualities in facilitating change reflect, at least to some extent, the male analyst's unwillingness to deal with his more caring, feminine self.

3. *Non-sexist attitudes*: Rogers was sensitive to feminist issues and had an egalitarian view of men and women, whereas Kohut had a more traditional, orthodox perception of sex roles. Kohut mentioned several examples of achieving fame after finding a "mirroring selfobject," and it invariably was the man who achieved the fame and the woman who provided "mirroring" (Kohut, 1980, p. 454; 1984, p. 218n). In one example, a scientist became world famous when, after ending therapy, he found for his self "the support of an empathically responsive selfobject: he married a woman who fit his needs in every respect" (Kohut, 1984, p. 218n). In Kohut's view, mothers provided "mirroring" ("the gleam in the mother's eye"), while fathers were the object of idealization. It is interesting that, in self psychology, idealization of the analyst (i.e., the "father") is allowed, while active "mirroring" of the analysand, more the "mother's" role, has not been encouraged. Also Kohut did not concern himself with using non-sexist language; he referred to the parent of a child as "she" and to an analyst as "he" (Kohut, 1981). Men do often turn to women in times of crisis. In a book on Freud and Jung (Donn, 1988), it was noted that when their relationship ended traumatically, Freud turned to his daughter, Anna, to satisfy his emotional needs, while Jung turned to his former patient and lover Toni Wolff for emotional support.

4. *Power equality*: Rogers, as noted, was deeply concerned about the power inequity of the medical model. It is interesting that preceding the annual self psychology conference there is a "master lecture series," for an additional fee. Also for additional fees one can arrange to have private consultations with leading self psychologists. Rogers would probably disapprove of these practices. The "master," according to Rogers, is the client and not the therapist.

Self psychologists have voiced some concern regarding this issue. For example, Wolf (1983, pp. 500-501) noted that the willingness of the analyst to reveal aspects of his personality, such as his clumsiness or ignorance, may give the analysand courage to also be more open. Wolf (1987), in another context, said:

one can think of the analytic situation as being sort of tilted, with the analyst up here and the patient down there, and a really consistent application of selfobject theory would bring that tilt up to a more equal kind of level, and it's our defensiveness, our narcissistic defensiveness, that tries to keep us up there.

Stolorow, in his intersubjective approach, stressed that "what the analyst 'knows' in the psychoanalytic situation is no more 'real' than what the patient 'knows'" (Stolorow, et al., 1987, p. 8); their perceptions are just different. Tobin (1991) commented that "this attitude . . . goes a long way toward removing the inequality and authoritarianism inherent in many therapeutic relationships" (p. 19). However, Stolorow may not have gone far enough toward therapeutic equality. For example, he expressed some reluctance to be open or use self-disclosure in the therapeutic process; he also considers "empathic inquiry" (Miller prefers the term "empathic immersion") and "analysis" as the primary therapeutic aims.

Conclusion

Just as there has been some misunderstanding of Rogers's work by Kohut (see Kahn, 1989b, p. 561), there has been some misunderstanding of Kohut's work by Rogers and other client-centered writers. For example, in Brian Thorne's outstanding book on Carl Rogers, Thorne (1992) quotes Rogers in the following way:

In 1986, shortly before his death, Rogers returned again to the subject of empathy. In an article comparing his use of empathy with that of the psychoanalyst, Heinz Kohut, he expressed his abhorrence of Kohut's apparently cold and impersonal use of empathy as a means of 'collecting information' about the patient's inner life. In contrast he reaffirmed in the strongest possible terms his own conviction that empathy is in itself a powerful healing agent (p. 39).

This criticism of Kohut, which I have heard before, is clearly inaccurate and is an example of Kohut's work being taken out of context by client-centered proponents.

In a brilliant talk without prepared notes, and while terminally ill with just three days to live, Kohut (1981) described what he believed were THREE separate functions of empathy. The first function is the one which Thorne has cited above. In the science of complex mental states, which was Kohut's definition of psychoanalysis, empathy was a way to collect data. Just as the physical or behavioral sciences use extrospection, that is, observation of the external world, to collect data, psychoanalysis (which is a pure psychology; that is, it deals only with mental life) uses (1) introspection, and (2) vicarious introspection (or empathy) to collect its scientific data. According to Kohut, theories about the mind, such as Freud's theory, were formulated from the data collected via introspection (Freud's observation of his own experiences, for example, the Oedipus complex) and empathy (Freud's learnings from his immersion in the experiences of his analysands). Kohut called this enterprise to discover psychological knowledge as an epistemological function of empathy.

Kohut's second function of empathy was that it serves as a guide to effective action, that is, if we really want to be helpful to someone we must first know them and understand them before we can take appropriate constructive action (or maybe even inaction). Even to hurt someone, Kohut said, we must first know the vulnerability of the other person for an attack to be optimally effective. Kohut noted that empathy has a third function - its mere presence in the surrounding milieu is therapeutic. Kohut said, on different occasions, that just as oxygen is required for our physiological survival, we need the empathic presence of others throughout life for our psychological survival. He commented that even when empathy has been used for destructive purposes it is an admixture of something positive. Kohut (1981) also observed that the greatest psychopathology he has encountered in adult patients was caused by the inability of the parents of these patients to show empathy to them as children. Thus, repeatedly Kohut stressed the therapeutic value of empathic attunement apart interpretation.

To summarize, I have in this article attempted to describe some of the ways Kohut's work can be helpful to the client-centered therapist as well as some of the ways Rogers's ideas may benefit the self psychologist. The qualities of humanness and "prizing," and the striving for therapeutic equality in the client-centered approach may help further free self psychology from the yoke of the medical model and classical psychoanalytic orthodoxy. It may allow self psychologists to become less detached and more openly gratifying and caring with their clients. On the other hand, the theoretical insights of self psychology can offer assistance to the client-centered therapist. For example, Kohut's writings on the psychology of narcissistic excesses may be especially useful when dealing with more "selfish" or "difficult" clients, clients who can evoke strong feelings in their therapists. Kohut's familiarity with and description of the grandiose needs of these clients may allow the client-centered therapist to become more empathic with them. I believe that an appreciation of the ideas of both men, Kohut and Rogers, taken in combination, will add to the effectiveness of a therapist. I certainly feel it has for me.

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