On being “up to other things”: The nondirective attitude and therapist-frame responses in client-centered therapy and contemporary psychoanalysis

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In this article I start with a summary of Brodley’s writings on nondirectivity. I note that she acknowledged that therapist-frame responses, at times, can have an important impact on clients. However, she felt that the risks of therapist self-representations far outweigh the benefits. The main purpose of the article is to provide evidence of the usefulness of responses from the therapist’s framework. In one example, I demonstrate the value of the kind of therapist-frame responses that give affirmation and support to clients. In other examples I show that being “up to other things,” by suggesting a change in the direction of a session, can be therapeutically helpful. Another purpose of the article is to describe the similarities that exist between client-centered therapy and contemporary psychoanalysis. For example, client-centered therapy and self psychology minimize therapist input and emphasize empathic understanding with clients. Both client-centered therapists and relational psychoanalysts seem to share a nondirective attitude, but relational analysts value and offer responses from the therapist’s framework. From the clinical examples reported, I conclude that an overemphasis on empathic understanding in the client-centered approach can limit the creative and intellectual resources of the therapist. Once in a while a therapist may be “up to other things” with self-representations, so long as nondirectivity as an attitude is internally present and not forgotten.

Keywords: nondirective attitude; therapist-frame responses; client-centered therapy; self psychology; relational psychoanalysis; psychotherapy integration

“Auf anderes aus sein”: Die nicht-direktive Haltung und Interventionen aus dem therapeutischen Bezugsrahmen in der klientzentrierten Therapie und in der zeitgenössischen Psychoanalyse


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“Tener otras cosas en mente”: La actitud no directiva y el marco de referencia de las respuestas del terapeuta en la terapia centrada en el cliente y el psicoanálisis contemporáneo

Empiezo este artículo con un resumen de los escritos de Brodley sobre la no directividad. Observo que ella reconoció que el marco de referencia de las respuestas del terapeuta, a veces puede tener un impacto importante en los clientes. Sin embargo, ella consideró que los riesgos de las representaciones propias del terapeuta pesan más que los beneficios. El propósito principal del artículo es proporcionar evidencia de la utilidad de las respuestas desde el marco del terapeuta. En un ejemplo demuestro el valor del tipo de respuestas provenientes del marco de referencia del terapeuta que ofrecen afirmación y apoyo a los clientes. En otros ejemplos muestro que “tener otras cosas en mente” al sugerir un cambio en la dirección de una sesión, puede ser útil terapéuticamente. Otro propósito del artículo es describir las similitudes que existen entre la terapia centrada en el cliente y el psicoanálisis contemporáneo. Por ejemplo, la terapia centrada en el cliente y la psicología del self minimizan el aporte del terapeuta y enfatizan la comprensión empática con los clientes. Tanto los terapeutas centrados en el cliente como los psicoanalistas relacionales parecen compartir una actitud no directiva, pero los analistas relacionales valoran y ofrecen respuestas desde el marco de referencia del terapeuta. Basándome en los ejemplos clínicos presentados concluyo que un énfasis excesivo en la comprensión empática en el enfoque centrado en el cliente puede limitar los recursos creativos e intelectuales del terapeuta. De vez en cuando un terapeuta puede ser “tener otras cosas en mente” con representaciones de si mismo, siempre y cuando la no directividad como una actitud esté internamente presente y no la olvide.

“Avoir d’autres intentions” : L’attitude non-directive et les réponses émanant du cadre de référence du thérapeute dans la thérapie centrée sur le client et la psychanalyse contemporaine

Dans cet article je commence en résumant les écrits de Brodley. Je note qu’elle a reconnu que des réponses émanant du cadre de référence du thérapeute peuvent, de temps à autre, avoir un impact important sur les clients. Cependant pour elle, les risques avec les représentations de soi du thérapeute sont beaucoup plus importants que les bénéfices éventuels. Le but principal de cet article est de démontrer l’utilité des interventions émanant du cadre de référence du thérapeute. A partir d’un exemple je démontre la valeur du type d’intervention émanant du cadre de référence du thérapeute qui affirme et soutient le client. A partir d’autres exemples je démontre que le fait “d’avoir d’autres intentions” en suggérant un changement de direction de la séance peut être utile sur le plan thérapeutique. Un autre but de cet article est de décrire les similarités entre la thérapie centrée sur le
client et la psychanalyse contemporaine. Par exemple la thérapie centrée sur le client et la psychologie du soi (self psychology) minimisent ce qui vient du thérapeute (therapist input) et mettent l’accent sur la compréhension empathique du client. Les thérapeutes centrés sur le client et les psychanalystes relationnels semblent partager une attitude non-directive, mais les analystes relationnels valorisent et offrent des interventions à partir du cadre de référence du thérapeute. A partir des exemples cliniques, je conclue que donner une importance excessive à la compréhension empathique dans l’approche centrée sur le client peut limiter les ressources créatives et intellectuelles du thérapeute. De temps à autre le thérapeute peut “avoir d’autres intentions” à travers des représentations de soi, pourvu que la non-directivité soit présente de manière interne en tant qu’attitude et pourvu qu’elle ne soit pas oubliée.

O estar “disposto a outras coisas”: A atitude não-diretiva e as respostas do quadro de referência do terapeuta na terapia centrada no cliente e na psicanálise contemporânea

Inicio este artigo com um resumo dos escritos de Brodley acerca da não-diretividade. Sublinho que ela se apercebeu que as respostas do quadro de referência do terapeuta podem, por vezes, ter um impacto positivo importante para os clientes. Contudo, ela considerava que os riscos das representações do terapeuta ultrapassam, de longe, os seus benefícios. O principal objetivo deste artigo é fornecer evidências quanto à utilidade das respostas do quadro de referência do terapeuta. Através de um exemplo, demonstro o valor das respostas do quadro de referência do terapeuta que fornecem afirmação e apoio aos clientes. Noutros exemplos, mostro que “estar disposto a outras coisas”, ao sugerir uma mudança de direção numa sessão, pode ser útil do ponto de vista terapêutico. Um outro objetivo deste artigo é descrever as semelhanças existentes entre a terapia centrada no cliente e a psicanálise contemporânea. Por exemplo, a terapia centrada no cliente e a psicologia do self minimizam o contributo do terapeuta e enfatizam a compreensão empática dos clientes. Tanto a terapia centrada no cliente como a psicanálise relacional parecem partilhar uma atitude não-diretiva, mas os analistas relacionais valorizam e fornecem respostas dos seus quadros de referência. Através dos exemplos clínicos apresentados, concluo que uma ênfase excessiva na compreensão empática, no âmbito da abordagem centrada no cliente, pode limitar a criatividade e os recursos intelectuais do terapeuta. Por vezes, o terapeuta pode “estar disposto a outras coisas” com as suas representações, desde que a não-diretividade, enquanto atitude, se encontre presente internamente e não seja esquecida.

有機的なあり方でいること：クライエントセンタードセラピーとコンテクンポラリー・サイコアナリシスにおける非支持的態度とセラピストの認識や枠組みを基盤とした応答について

本稿では、まずブラッドリーの著述の要約を提示しながら、彼女が時にセラピストの枠組みによる応答がクライエントに重要なインパクトを与えることを認めつつ、カウンセラー自身の考えが全面に出た応答はその効果以上にリスクもあると感じていたことを指摘した。

本稿の第一の目的は、カウンセラーの認識や枠組みを基盤とした応答の有効性について実証することにある。そこでまず、カウンセラーの認識や枠組みを基盤とした応答が、時にクライエントの自己肯定感を高め支持的に作用することを指摘した。そして、カウンセリングのセッションにおいて、あくまでひとつの考えにすぎないとするカウンセラーの柔軟で有機的な姿勢が、治療的効果を持つことを指摘した。
Introduction
At the Evolution of Psychotherapy Conference, in 1985, Rogers was asked by a member of the large audience who came to hear him what he thought the profession of psychotherapy had learned over the past 100 years. Rogers thought about the answer for several moments, and then slowly and very thoughtfully 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.”

Has therapeutic openness and humanness been important in the client-centered approach? Probably not always! I spoke maybe 10 years ago on separate occasions to two different senior psychoanalytic self psychologists, both women, in New York City. They had lived in Chicago early in their careers and each had an experience of client-centered therapy. Each said the exact same thing, that they found client-centered therapy to be superficial. Their experience seems to confirm what Marge Witty (2004) reported when she wrote,

If Barbara T. Brodley had not raised the issue of the distinctions between experiential and client-centered therapy, it is unclear to me whether a genuinely non-directive school of client-centered therapy would have survived .... At the time I took the practicum at the Chicago Counseling and Psychotherapy Center in 1972, client-centered therapy was taught in a highly oversimplified, shallow way as a kind of active listening. None of the staff at that time transmitted what I now understand to be client-centered therapy. (Author note, p. 22)

Barbara Brodley’s client-centered therapy
Brodley (2005) has written,

Client-centered non-directivity refers to an attitude - the non-directive attitude ... not to specific behavior. Further attitudes are not defined in terms of behavior, although they affect behavior. They are defined in terms of intentions, sensibilities, feelings and values. (p. 1)

Regarding the issue of shallowness in the approach, Brodley (1999) warned that over-consistency in the use of the therapeutic attitudes may be harmful. This over-consistency may come about:
if the therapist is reluctant to address questions or engage in minimal social interactions. The perception also may result from empathic responses that are cognitively accurate but emotionally inadequate. It may be the consequence of a lack in the therapist's spontaneity and therapeutic presence. Consistent but shallow empathic understandings also may stimulate the client's perception of over-consistency. He may perceive the therapist as expressing a false self. (p. 11)

Along with the nondirective attitude, Brodley (2002) wrote that it is important to be emotionally present in the relationship. She said, “A fundamental stance of the client-centered therapist is to act spontaneously (although it is a disciplined spontaneity) and authentically in our relationships with clients” (p. 68). Grant (1990) noted, “non-directive client-centered therapy is a way of being, and not a method, because it allows the therapist to make novel, personal, unplanned responses” (p. 85). And Witty (2004) noted, “the fundamental aim of the client-centered therapist is to offer oneself in an entirely personal way, without professional façade” (p. 30). Witty observed that client-centered therapists:

provide an environment for the emergence of a unique therapeutic relationship with each new client and with each client in successive sessions. ... [T]here is a great deal of variation in the ways client-centered practitioners interact with their clients – as much variation as there are persons. (2004, p. 30)

Brodley (1999) indicated,

I think it is inevitable that client-centered therapists will make responses representing their own frame of reference from time to time – sometimes for very good reasons. Nevertheless, I do not wish to encourage this practice. Clients and the therapy relationship may suffer harmful effects when the therapist temporarily abandons empathic understanding. ... It is also important to realize the possible risks to clients as the result of even temporary loss of the acceptant, empathic relation to the client, which may occur when the therapist self-represents. (pp. 4-5)

From this brief overview there seem to be two very distinct issues regarding nondirectivity. They are:

(1) The practice of nondirectivity as an attitude, and
(2) The infrequent responses from the therapist’s frame of reference: Brodley (1999) in a footnote noted that “a mean percent of over ten to twelve percent of therapist-frame responses (other than therapist-frame responses to clients’ questions) ... probably casts doubt on the therapist’s consistency in being client-centered” (p. 25).

Therapist-frame responses can be defined as the responses that depart from empathic understanding, such as self-disclosures, interpretations, confrontations, advice, as well as discussions with a client about issues extraneous to therapy. It seems true that many of these therapist-frame responses, maybe even including confrontations (see Bromberg’s quotes, below), can be made with a nondirective intent, that is, tentatively and with a willingness to admit error.

Shortly before her untimely death Brodley wrote the following email to me:

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. (Brodley, email communication, June 7, 2006)

Objectives of the manuscript

In the above email Brodley acknowledges that therapist-frame responses, at times, can have an important impact on clients. However, for her, the risks clearly outweigh the benefits. And Bozarth (2002) has written,

The therapist goes with the client, goes at the client's pace, goes with the client in his/her own ways of thinking, of experiencing, of processing. The therapist cannot be up to other things [italics added], have other intentions without violating the essence of person-centered therapy. (p. 79)

Those who advocate a nondirective approach readily describe the risks of therapist-frame responses. However, to my knowledge, there have been few descriptions of the benefits (that Brodley, above, has recognized) of such responses in the client-centered literature. The main purpose of this article is to describe, with clinical examples, some of these benefits. In one type of example, I will demonstrate the value of therapist-frame comments that give support and affirmation to clients. I will also show that once in a while being “up to other things” (Bozarth, 2002), such as suggesting a change in the direction of a session, can be helpful to the client and the therapeutic relationship. I will also present illustrations of therapist self-disclosures, of even negative feelings, which seem to have a positive effect. I will conclude, from the examples presented, that empathic understanding, in a nondirective client-centered therapy, is the mainstay of the approach. However, providing empathic understanding alone, by avoiding therapist-frame responses, may have the effect of limiting the creative and intellectual resources of the therapist. Such avoidance of self-representation may also limit the constructive help that is available to clients.

A secondary purpose of this paper is to demonstrate (as I have in past articles) that, although there are differences, client-centered therapy and contemporary psychoanalytic approaches have notable aspects in common, one important example being a commitment to a nondirective attitude.

Client-centered compared to contemporary psychoanalytic approaches

Regarding contemporary psychotherapeutic approaches, Paul Wachtel (2007), an integrative psychoanalyst, wrote,

In the present era, these different schools, including client-centered therapy, can be seen as rather close cousins, having much in common with each other compared to their relation to approaches across what now seem to be the “real” lines of substantial divergence – the boundaries between the insight-oriented therapies and the other two major groupings on the contemporary therapeutic scene – the cognitive-behavioral and the family systems approaches. (p. 279)

I have been comparing client-centered therapy with self psychology and intersubjectivity theory since the 1980s (Kahn, 1985, 1989a, 1989b, 1996, 1998, 2002b;
Kahn & Raohman, 2000), and more recently with relational psychoanalysis (Kahn, 2010, 2011). In these earlier articles, I noted that self psychologists, by minimizing therapist-frame input and focusing on empathic understanding, act therapeutically very much like client-centered therapists, even though no mention is made of a nondirective attitude. I also made the point that Heinz Kohut, the founder of self psychology (who was at the University of Chicago at the same time as Rogers), appropriated Rogers’s core ideas about therapeutic empathy and the self and incorporated them into psychoanalysis without bothering to acknowledge Rogers’s contributions (Kahn, 1996, 2010; Kahn & Rachman, 2000). As a matter of fact, he belittled Rogers’s therapy with an air of psychoanalytic superiority (see Kohut, 1973/1978, pp. 523–525). Nevertheless, theoretically, self psychology and client-centered therapy seem very much alike. For example, Goldberg (1986) wrote that 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.... [It 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 a good deal like Rogers’s actualizing tendency. It is interesting that Kohut, despite having unusual empathic skills and charisma, did not practice psychoanalysis with a nondirective attitude. When describing the lives of his patients he could sound like an expert (Kohut, 1979, p. 26), and, in the report of at least one patient, he was the one to control the frequency of therapeutic visits per week (Strozier, 2001, pp. 358–361).

In contrast to self psychology (and client-centered therapy) contemporary relational psychoanalysts do not inhibit the expression of their own voices with patients (see Kahn, 2010, 2011). They believe that feelings evoked in the analyst by the patient during sessions are an important source of therapeutic knowledge, and are available to be usefully shared with the patient, when appropriate. Therefore, therapist-frame responses are not uncommon. Relational analysts do not avoid confrontations between the analyst’s and the patient’s subjectivities, which are labeled “enactments.” As a result, relational psychoanalysis may differ substantially from client-centered therapy and self psychology. Interestingly, with some humor, Shumsky and Orange (2007), who are self psychologists, used a gardening metaphor to distinguish their approach from the relational approach. They wrote that self psychologists (and, I will add, client-centered therapists) emphasize the watering aspect of the growth process, while the relational analysts, the weeding aspect.

However, in one significant respect there seems to be a similarity between relational psychoanalysts and client-centered therapists. When relational analysts express their subjective experiences, they do so with a commitment to a nondirective attitude. For example, 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)

And Renik (1993) has written,

It seems to me a fundamental principle of analytic collaboration that an analyst’s aim in offering an interpretation is not to have it accepted by the patient, but rather to have the patient consider it in making up his or her own mind. If the analyst is clear about this, then respect for the patient’s autonomy — we might even say insistence on the patient’s autonomy — comes through, and it can be useful for the analyst to communicate a definite point of view .... (p. 567)

From Bromberg’s and Renik’s quotes it is clear that their therapist-frame responses are offered with a nondirective intent, that is, with a willingness to admit error, and with respect for the patient’s autonomy. Does relational theory give license to less experienced or less self-aware analysts to respond with unempathic and hurtful confrontations? I suspect it might. But, for the relational analyst, judging from what was written above, there should be no interference with a patient’s self-determination and independence.

Clinical examples: Being “up to other things”
Different clients may need different ways of being by the therapist. Empathic understanding with minimal therapist self-representation may not be ideal for all clients. 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 require long periods of just understanding or attentive silent listening — they cannot yet tolerate the otherness, separateness, or foreignness of the therapist (Kohut, 1984). In contrast, other clients whose sense of self is more stable, cohesive, and mature, who perhaps have been in therapy longer, may appreciate some expressive input from the therapist. 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). I have encountered clients, who, like the one Bohart described, seem to cherish input from my frame of reference as part of our ongoing interaction.

The importance of praise and appreciation
One kind of therapist-frame response is the expression of genuinely felt words of appreciation or praise. For example, Irvin Yalom (2002) wrote,

I make a point of regularly expressing my positive thoughts and feelings about my patients, along a wide range of attributes — for example, their social skills, intellectual curiosity, warmth, loyalty to their friends, articulateness, courage in facing their inner demons, dedication to change, willingness to self-disclose, loving gentleness with their children, commitment to breaking the cycle of abuse, and decision not to pass on the “hot potato” to the next generation. Don’t be stingy ... And beware of empty compliments. (p. 13)
Irvin Hoffman (2009), a contemporary relational psychoanalyst, has written passionately about this topic. He believes that many patients experience internalized bad objects, or hostile introjects, in their subjective worlds which contribute to self-sabotage and interfere with constructive functioning. These introjects, which often originate from destructive criticisms in childhood, interfere with actualization of the self, and may be very difficult to eradicate in therapy. Hoffman encouraged analysts to confront these bad introjects, not only with empathic understanding, but actively with emotion, passion, and even directive interventions. In his words,

Those introjects are extremely powerful. They established themselves in the patient’s mental life very early and now the patient has them in his or her bones, at the core of his or her being. Rationality and implicit support can be very valuable, but they are often not enough to overcome the influence of destructive introjects. I believe what is needed often is an opposing powerful voice, actual words, words spoken with passion and conviction, that the patient can hear and remember and that can do battle with the destructive voices of the past. ... Maybe it’s this kind of “talk,” the speech of the analyst on behalf of the patient’s growth, on behalf of the patient’s worth and potential, that constitutes and legitimizes psychoanalysis as the “talking cure.” (p. 621)

Hoffman provided examples of such supportive statements, such as:

I think that that thing you did last week [the way you spoke up at that meeting, your incredible performance in that play, the way you managed that situation with your kids at home, the way you worked with me on that dream, whatever] is just a tremendous thing and I ... want you to know it. (p. 621)

I have a client, a single mother of three children, with an unavailable ex-husband, as well as a very judgmental and fault-finding mother. She came to her session, as she sometimes does, very depressed and feeling guilty because of criticisms leveled at her by both the mother and ex-husband. After listening to her for a while, I said, completely out-of-context, “You are one of the best mothers I know, doing parenting of your three kids all on your own, without any support whatsoever!” These remarks came out of my honest feeling that she was doing her very best to be effective as a mother against considerable odds. Then I outlined some of her recent accomplishments, repeating myself several times. I also said, “You haven’t done anything wrong; the ones who are wrong are your judgmental mother and your totally unavailable and unsympathetic ex-husband.” As the session ended, she left significantly less depressed.

In another example, during a client’s description of very critical and hurtful remarks from her father, I blurted out honestly how likeable this client was to me. I didn’t give much thought to my expression of real feelings, and she didn’t react overtly to my praise during the session. However, at our next meeting, she reported that she was deeply affected by what I said. She stated that after the previous session ended she went to her car and began sobbing uncontrollably for several minutes. My honest appreciation of her, an appreciation which she rarely received from her insensitive parents, triggered these tears of bittersweet joy.

This anecdote reminds me of Rogers’s session with Gloria, when he said, “You look to me like a pretty nice daughter.” Gloria may have been briefly surprised by
Rogers’s honest words, and may not have been able to express her feelings at the moment, just like my client. The real and honest appreciation of a client by a therapist, I believe, cannot be anything but helpful.

A dialogue between equals

A different example of therapist-frame responses is when a therapist engages in a dialogue with a client about a nontherapeutic issue. Thomas Ogden (2009), a psychoanalyst, described a session where he and a patient passionately discussed J. M. Coetzee’s novel on South Africa, *Disgrace,* which they both had recently read and loved. Ogden thought that this intellectual and emotional discussion between two equal adults about an author both were inspired by affected the patient profoundly. Ogden reported that therapeutic work improved dramatically after this extraordinary session (p. 24). In contrast to the consistent provision of empathic understanding, the anecdote described by Ogden involves “real reciprocity,” the kind of equal interaction that Buber advocated in his dialogue with Rogers (Kirschenbaum & Henderson, 1989). It has been speculated that the dialogue with Buber was one of the factors that encouraged Rogers, over time, to participate more fully in the therapeutic relationship (Thorne, 1992, pp. 69–70, 83–84). On occasion I have had discussions with clients about current events, movies, books, etc., and these interactions feel to me like genuine engagements on a more equal therapeutic playing field. Such interactions, for clients who have lacked constructive relationships in their lives, do not seem like a waste of time; rather they provide an opportunity to interact with a trustworthy and respected person, who is experienced as an equal.

Rogers and Wachtel on congruence

Regarding the issue of therapeutic congruence, Rogers and Sanford (1984) wrote,

> It means being willing to express the attitudes that come persistently to the fore .... If the therapist is bored with the client, it is only real to express this feeling. This stress on realness is deeply contrary to earlier ideas of the therapeutic relationship. It sometimes involves such statements as, .... “I’m afraid of you at this moment – afraid of what you might do to me, ....” Or, if the therapist experiences anger, “I am feeling impatient. No, I’m feeling angry. I am being as real with you as I am able to be, and I feel that you are playing a shadow game with me. This may not be true, but it is the way it feels to me, right now.” (p. 1381)

Wachtel (2007), echoing Rogers, described the tensions that can exist between unconditional positive regard and genuineness. He said,

What to do when one is genuinely bored with what the client is saying (and, especially, if one feels frequently bored); how to deal with similarly troubling feelings of anger, sexual attraction, or any of the other powerful human feelings that, as any practicing therapist knows, are not excluded by the four walls of the consulting room – these remain matters with which every therapist must wrestle. Related issues arise with regard to when or whether to self-disclose about such feelings and, if so, how to do so in a way that is therapeutic. There are still some in our field who feel that if a therapist has such feelings, he or she “has a problem,” should go back into therapy to explore these feelings, and so forth. (p. 280)
Dealing with clients’ avoidance

I have been with clients who, on occasion, will talk about superficial topics in order to avoid getting to a deeper, more difficult, conflict-filled issue. At these times I become a bit bored and aware that our communication lacks depth. (I have also experienced this same phenomenon in groups.) Perhaps the concept of “resistance” can exist even in client-centered therapy. On these infrequent occasions I find it helpful to suggest a change in the direction of session in order to make the therapy more relevant. Am I “up to other things”? Probably!

One client, a successful career woman with whom I had been meeting for over a year, was talking about her tentative vacation plans, a conversation she had at work, and other, what seemed like, chatty topics. I became aware I was not connecting with her, and I began to think she was avoiding discussing what she described at our previous meeting, which, I must also admit, I was curious about. At some point I asked, “Well, what about that man who seemed attracted to you that you mentioned 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 person, losing him, and her past painful, sad, and very disappointing relationships. I believe that if I had stayed with her process in a nondirective way we would have avoided getting to this deeper, more emotional level.

Exploring the past

At times I have found it useful with a relatively new client, and even for a client I have worked with for some time, to suggest a look at earlier life experiences. On such occasions I become aware that the current interaction lacks depth and is evoking some boredom in me. Also, to help explain current vulnerabilities, in clients that I know well, I may remind them, with an interpretation, about an earlier trauma which may be contributing to their current concerns. Again, am I “up to other things”? Yes! But I believe these seemingly directive intentions are honest attempts to improve the ongoing relationship and encourage the client’s self-exploration.

After about a dozen sessions with a female college student who spoke mostly about her insecurities in the classroom and with the men she was meeting, I began to feel that our interaction was becoming repetitive and somewhat shallow. I finally asked if she would mind discussing her family life while growing up. When she said it was all right, I asked, “How well did your parents listen to you?” After many sessions of empathic listening about her various insecurities, that question seemed especially relevant. She then responded, “They never heard me at all!!!” This directive question opened up an exploration of some of her central issues, including gross misunderstandings between her and her parents while growing up, and a truly horrible experience with a psychologist as an adolescent.

In a different example, reported in more detail elsewhere (Kahn, 2002a), a client was very upset when the woman he loved ended their relationship. At one session he was especially hurt and desperate. He had previously told me about the pain he experienced when his mother, newly divorced, left him and his brother at home alone and began to date men. He loved his mother very much, and was devastated when she said good night and left the apartment – he could not stop crying after his mother’s departure. My suggestion of a connection between his current loss and his earlier abandonment by his mother seemed to immediately calm and soothe him.
Enactments

On rare occasions, a therapist may develop strong and persistent feelings during a session which he or she can no longer inhibit. These feelings may even be a consequence of the therapist's own vulnerability. The honest expression of these feelings is a dramatic example of therapist self-representation. This type of encounter has been referred to as an "enactment" by relational psychoanalysts.

For example, a female client frequently fought with her male partner. As she described one particular episode with great anger, T became aware of my own developing tension and unease. I sensed this client's wrath, and realized that if I said the wrong thing, I, too, could become the target of her hostility. My uneasiness built up to such a level that I had to honestly express my reaction. I said, "I am feeling tense right now and am aware that I am frightened of your anger." She heard my comments without criticism. Then I had the thought that there was considerable power, and even value, in her anger. I shared this thought with her as well. As we continued to relate she said that these intense, honest, and perhaps for her, relatively safe (in contrast to the relationship with her partner), interactions were valuable, and that these experiences motivated her to return each week.

In another example, an unemployed, middle-aged man with a serious medical disability came regularly to sessions, but was continually critical of my work with him. I imagine that this man, because of a horrible background, would find fault with, and be critical of any therapist he saw. Finally, in one session, he said something that hit a nerve, and I let go of inhibitions, and with emotion expressed my angry feelings. I confronted him with passion for his relentless fault finding. It was an intense "enactment." As this unique session progressed I became aware that our animated give and take had evolved into something positive, and even loving, at least from my side of the relationship. This example illustrates that unconditional positive regard may not always be possible, and that the honest expression of even negative feelings may evolve into a profitable therapeutic experience.

Summary and conclusions

In this article I summarized Brodley's views on the nondirective attitude in client-centered therapy. The reason that I have concentrated on Brodley's writings is because she, more than anyone in the U.S.A., has articulated clearly and passionately, and promoted and refined, the core issues of Rogers's nondirective client-centered therapy. I noted that two distinct issues on this topic could be separated:

(1) the attitude of nondirectivity, which, taken by itself, does not inhibit the expression of therapist-frame responses, and
(2) the insistence on the limited use of therapist-frame responses, because such responses may:

(a) "disempower the client as a self-determiner,"
(b) empower the therapist excessively, and
(c) "steal the process from the client" (Brodley, email communication, June 7, 2006).

Brodley (1999) also noted that over 10 to 12 percent of therapist frame-responses may cast doubt on the therapist's consistency in being client-centered.
In sharp contrast, relational psychoanalysts, while respecting the autonomy and individuality of each patient, have little hesitation in offering therapist-frame responses. They believe that the feelings evoked in an analyst by the patient during sessions are an important source of knowledge about that patient, and the sharing of these feelings, at appropriate times, can be therapeutically valuable.

I presented, in this article, illustrations of the usefulness of therapist-frame responses. For example, following Hoffman’s (2009) plea, I gave an example of the ways multiple supportive therapist-frame responses can help to counteract the deep-seated hostile introjects of a depressed client. I described a passionate back-and-forth interaction between an analyst and a patient regarding a book they had both read, which seemed to even out the therapeutic playing field and encourage the patient. I have given different examples of therapeutic interactions where I was “up to other things,” and described the therapeutic value of these directive intentions. I have also given examples of therapist self-disclosures, even of negative feelings, which turned out to be helpful. Have I lost my client-centeredness on the occasions of the various examples presented in this manuscript? Perhaps. But isn’t the primary responsibility of a therapist to respond in ways that seem beneficial to clients, and not adhere rigidly to theory (Rogers, 1967)?

A secondary purpose of this article was to describe the similarities between client-centered therapy, psychoanalytic self psychology, and relational psychoanalysis. I showed that both self psychology and client-centered therapy share an emphasis on empathic understanding. Although relational psychoanalysts do not inhibit therapist-frame responses, when they self-disclose they do so with a respect for the patient’s freedom to use or discard what is offered. It seems that both client-centered therapists and relational psychoanalysts employ a nondirective method; however, the relational theorists allow more input from the therapist’s frame of reference.

These contemporary approaches, client-centered and psychoanalytic, contrast markedly with classical Freudian psychoanalysis of the mid-20th century, where analysts, as “experts,” thought they knew what behaviors and attitudes were right for the patient. And it is true that many of the ideals and values of the client-centered approach continue to be absent in contemporary psychoanalysis (see, for example, Aron, interviewed in Safran, 2009; Kahn, 2011). Nevertheless, I have found the writings of various psychoanalytic theorists, past and current (e.g. Ferenczi, Kohut, Stolorow, Bromberg, and Hoffman), both intellectually stimulating and very helpful in my work with clients.

In my work as a therapist, the struggle to master nondirectivity has helped to improve my listening skills immensely. After many years I like to believe that this attitude is currently in my bones. As noted, various insights from psychoanalytic writers, as well as the developmental orientation of psychoanalysis, have also helped me as a therapist. In this paper I have made the argument that, although continuous empathic understanding can be extraordinarily valuable to the client, providing empathic understanding alone can inhibit the creative and intellectual resources of the therapist. As a result it may also limit the depth of constructive help provided to clients. Sometimes a therapist can be an expert, be “up to other things,” offer advice, give an interpretation, self-disclose, or even confront a particular client, so long as nondirectivity as an attitude is internally present and not forgotten.
References


