Heinz Kohut and Carl Rogers

A Timely Comparison

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ABSTRACT: Kohut has succeeded in integrating many of Rogers's concepts of humanistic psychology into his version of psychoanalysis. This article presents a discussion of the various similarities and differences between the two approaches. One important similarity concerns the therapist's attitude during the here-and-now psychotherapeutic situation. One important difference is that Kohut has theorized that the goal of psychotherapy, and of human development in general, is strengthening the structure of the self, rather than widening of the consciousness. This study is timely for two reasons: (a) it clarifies how Kohut has been able to provide a bridge between psychoanalysis and humanistic psychology, and (b) it will serve to disseminate Kohut's significant ideas into the wider community of psychologists.

In his 1982 work, Introspection, Empathy, and the Semi-Circle of Mental Health, Heinz Kohut suggested the deletion from psychoanalysis of the concept of "drives" and the de-emphasis of the "oedipus complex," and he advocated the experience-near concept of the "self" as more useful than the abstract, experience-distant concepts of the id, ego, and the superego. These ideas are strikingly similar to Carl Rogers's concept of the "self" and his early criticisms of classical psychoanalysis. Kohut and Rogers have also strongly stated their opposition to the Freudian model of human nature, which represents the developing person as a wild beast that needs to be tamed. Apart from these and other similarities, there are very significant differences between the two theorists—differences that relate to Kohut's commitment to the psychoanalytic approach.

A comparison of the work of Heinz Kohut and Carl Rogers is timely for two reasons.

1. Kohut has succeeded in integrating many of the concepts of Carl Rogers's humanistic psychology into his version of psychoanalysis, and as a result he has provided a bridge between psychoanalysis and humanistic psychology. This integration will be clarified by studying the similarities as well as the differences between the two approaches. For example, a comparison of Rogers's and Kohut's views on the here-and-now psychotherapeutic relationship, which

Kohut and his co-workers (Kohut, 1984; Wolf, 1976, 1983) have called the psychotherapeutic "ambience," will show a remarkable similarity between the two theorists. A study of their differences will demonstrate how Kohut, in the framework of psychoanalysis, has penetrated more deeply into the psychological experiences of the person than has Rogers, as well as how Rogers has involved himself in social action and community projects, whereas Kohut has not.

2. Although Kohut has been gaining increasing prominence in the psychoanalytic world, his work has not yet been integrated into general psychology. His theories are not mentioned in introductory psychology textbooks and are only occasionally discussed in texts on personality theory. In contrast, Rogers's work is always discussed. Some of Kohut's contributions have, indeed, been impressive. He has theorized that strengthening the structure of the self is the primary goal of psychotherapy and that widening of consciousness (the primary therapeutic goal of Freud and Rogers) is, if it occurs, of secondary significance. He has also described how this self-structuralization develops. The comparison of Kohut's work with the work of Carl Rogers, an eminent founder of humanistic psychology, should, at this time, have the useful effect of disseminating Kohut's significant contributions within the wider community of psychologists.

Robert Stolorow, in a 1976 article on Kohut and Rogers, focused on some important similarities in their theories. However, Stolorow's work was published before Kohut's (1977, 1984) final two books, and it did not attempt a comprehensive review. In this article, I will discuss first the similarities of the two approaches and then their differences. In the concluding section, my focus on the psychotherapeutic ambience will demonstrate the close correspondence between the two approaches on this issue.

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<td>What are the essential similarities between Kohut and Rogers? First, both have been concerned with the subjective experiential life of individuals. Both derived their theories from their experiences in the psychotherapeutic situation. For Kohut (1959/1978,</td>
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the essence of psychoanalysis was the data that was acquired through introspection and empathy (vicarious introspection). In Kohut’s (1977) words, “psychoanalysis is a psychology of complex mental states which, with the aid of the persevering empathicintrospective immersion of the observer into the inner life of man, gathers its data in order to explain them” (p. 302). Rogers was also concerned with the phenomenological. He defined personality research as “the persistent, disciplined effort to make sense and order out of the phenomena of subjective experience” (Rogers, 1959, p. 188). His belief, Rogers (1959) said, is “in the fundamental predominance of the subjective. Man lives essentially in his own personal and subjective world, and even his most objective functioning, in science, mathematics, and the like, is the result of subjective purpose and subjective choice” (p. 191).

Both have placed an important emphasis on the concept of the self, which, as a perceiving, experiencing entity, is able to make choices and control its destiny. Both have been concerned with self-enhancement in the therapeutic process—Kohut in his goal of bringing the “constituents” of the self to maturity and Rogers in his attempt to bring about greater “congruence” of the self, that is, a fuller access to the self of the experiences present in the organism. Kohut sought to remove society’s derogatory attitude toward self-love (narcissism), and Rogers (1961, p. 87), too, has written about the “apologetic attitude” in our culture toward self-enjoyment. Finally both, in their therapeutic work, have focused more on the self than on the self in relation to others (object-relations). For the differences between Kohut’s and Rogers’s concept of self, see pages 896–899 of this article.

In order to understand other similarities, it is necessary to define Kohut’s term self-object. A self-object, according to Kohut (1984, p. 49), is another person who is able to shore up our sense of self. Kohut coined the term self-object (instead of “object” or “other”) when he discovered that in the therapeutic situation there was a “prevalence of people using other people as (functional) parts of themselves” (Goldberg, 1980, p. 5). For example, a patient may require the therapist to be there solely for the purpose of reflecting back the patient’s own views. In the same way, in early development, the “other” is often incompletely distinguished from the self, and under these circumstances, the expected control over the other is close to the control one has over one’s own body or mind (Kohut, 1971, pp. 26–27; Kohut & Wolf, 1978, p. 414). The above descriptions apply to archaic self-objects that exist normally in childhood or in the adult with psychopathology when developmental processes have been arrested. However, Kohut also used the term self-object when describing mature adult relationships in which there is clear awareness that the other is separate from the self. He felt that these mature relationships reawaken the feelings we had about our parents in very early interactions where there was no clear differentiation between self and other. Kohut (1984) said that “when the adult experiences the self-sustaining effects of a maturely chosen self-object, the self-object experiences of all the preceding stages of his life reverberate unconsciously” (pp. 49–50).

Kohut and Rogers have agreed on the factors that contribute to self-growth and optimal use of talents and abilities. According to Kohut (1980b, p. 478), throughout life all of us require empathic self-objects for our psychological survival, just as we require oxygen for our physiological survival. In childhood an empathic self-object either (a) provides “mirroring,” that is, “participation in and response to the child’s narcissistic-exhibitionistic enjoyment” (Kohut, 1971, p. 116); (b) becomes a target for the child’s idealization; or (c) is just there as a human presence or alterego. In a similar way, in Rogers’s view, personal growth is enhanced in an environment that provides empathy and unconditional positive regard. Both Kohut and Rogers have commented on the universal need for empathic responses throughout life. In this respect their positions are remarkably similar. Kohut (1977) stated that

the psychologically healthy adult continues to need the mirroring of the self by self-objects... , and he continues to need targets for his idealization. No implication of immaturity or psychopathology must, therefore, be derived from the fact that another person is used as a self-object—self-object relations occur on all developmental levels and in psychological health as well as in psychological illness. (p. 188n)

In an almost identical vein, Rogers (1951) said that client-centered therapy is very widely applicable... indeed in one sense it is applicable to all people. An atmosphere of acceptance and respect, of deep understanding, is a good climate for personal growth, and as such applies to our children, our colleagues, our students, as well as to our clients, whether these be “normal,” neurotic, or psychotic. (p. 230)

Both have stressed the fundamental importance of empathy. Kohut (1984) defined empathy as “one person’s [attempt to] experience the inner life of another while simultaneously retaining the stance of an objective observer” (p. 175). Distinguishing between two functions of empathy, Kohut (1982, p. 396) defined the first as an information-gathering

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activity and the second as a powerful emotional bond between people. Regarding the second function, Kohut (1982) said, “the mere presence of empathy, has also a beneficial, in a broad sense, a therapeutic effect—both in the clinical setting and in human life, in general” (p. 397). In regard to the information-gathering function, Rogers (1980) said that “empathic listening provided one of the least clouded windows into the workings of the human psyche, in all its complex mystery” (p. 50). He described the growth-promoting effect of empathy with special clarity as it occurs in the psychotherapeutic setting. Rogers (1951) said,

The counselor says in effect, “To be of assistance to you I will put aside myself . . . and enter into your world of perception as completely as I am able. I will become, in a sense, another self for you—an alter ego of your own attitudes and feelings—a safe opportunity for you to discern yourself more clearly, to experience yourself more truly and deeply” (p. 35)

Elsewhere, Rogers (1951) quoted a client as saying, “my counselor was almost a part of me, working on my problem as I wanted to work on it” (pp. 38–39). Stolorow (1976) stated that “Rogers’ discussion of the critical importance of the communication of acceptance and empathy in client-centered therapy, and his suggestions as to how this communication may be achieved, are probably unsurpassed in the clinical literature” (p. 29).

Unconditional positive regard and prizing (Rogers) are clearly responses made by an empathic selfobject (Kohut). The “gleam in the mother’s eye” (Kohut), although not always unconditional, connotes such prizing and valuing. Rogers (1959) discussed this therapeutic attitude in the following way:

It appears that one of the most potent elements in the relationship is that the therapist “prizes” the whole person of the client. It is the fact that he feels and shows an unconditional positive regard toward the experiences of which the client is frightened or ashamed, as well as toward the experiences with which the client is pleased or satisfied, that seems effective in bringing about change. Gradually the client can feel more acceptance of all of his own experiences, and this makes him again more of a whole or congruent person, able to function effectively. (p. 208)

Although the tone of the above communication is certainly empathic, Kohut and his co-workers may not be quite so active in prizing the person in psychoanalytic therapy. For example, R. Stolorow (personal communication, June 3, 1983), has said,

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, em- pathically interpreted, and ultimately worked through in the transference according to Kohut.

Kohut (1983) denied the criticism “that we gratify our patients by ‘mirroring’ them” (p. 402n). This might be a subtle distinction between the therapeutic atmosphere of the two approaches. It might also reflect a distinction between a psychoanalytic relationship and a more personal relationship, between a parent and child, for example, or between two friends. (For a further discussion of this issue, see page 897 of this article.)

Both Kohut and Rogers were interested in the concept of free will and the notion that humans are motivated by future goals. Kohut (1980b, pp. 543–546) contrasted his approach to the “mental apparatus psychology” of Freud, Hartmann, and Erikson. For Kohut, a self with ambitions, skills, and talents as well as idealized goals, is poised toward the future and “has a significance all of its own, independent of the genetic factors that—in the area of cause-and-effect determinism—had originally laid down its contents and had given it its shape” (Kohut, 1980b, p. 540). This is in agreement with Rogers’s criticism of the deterministic philosophy of classical analysis. According to Rogers, determinism and free will exist side by side even though they appear contradictory. Rogers said that just as in physics, where you can prove that the wave theory of light is supported by evidence; so is the corpuscular theory. . . . They’re not at the present state of knowledge reconcilable; but I think one would be narrowing his perception of physics to deny one of these and accept only the other. And it is in this same sense . . . that I regard these two dimensions [free will and determinism] as both real, although they exist in a paradoxical relationship. (quoted in Kirschenbaum, 1979, p. 269)

Kohut has been critical of contemporary society’s overidealization of the tools and methods of natural science and the concomitant neglect of the use of introspection and empathy to foster understanding and development of the self. If we want to prevent the annihilation of the human race with the tools of natural science, the highest ideal of our intellectual community will have to change “from a truth-and-reality morality toward the idealization of empathy, from pride in clear vision and uncompromising rationality to pride in the scientifically controlled expansion of the self” (Kohut, 1973/1978b, p. 676). Rogers, too, has spoken against the overemphasis on technical information and the neglect of the inner exploration of the self. He voiced “deep distrust of a cognitively based science, and a technology that uses science to conquer the world of nature and the world of people” (Rogers, 1977, p. 271) and added, “just as the exploding galaxies and ‘black holes’ of outer space have been the focus of
much exploration in recent decades, tomorrow is the day of inner space" (Rogers, 1977, p. 272). In the field of education, especially, Rogers addressed himself to this issue. He noted that the purpose of education is to "grow persons," not merely teach subject matter, and that knowledge of the self and of interpersonal relationships is as important as, if not more important than, learning about academic subjects (Rogers, 1977, pp. 71-72).

In Kohut's view, psychoanalytic theorists such as Alexander and Hartmann, with their concepts of "drive," "dependence," and "adaptation," have made psychoanalysis "less of a science and more of a moral system, and psychoanalysis as therapy has become simultaneously less of a scientific procedure . . . and more an educational procedure . . . toward which the patient is led" (Kohut, 1982, p. 399). Kohut (1982) also said, "knowledge values and independence values have been the leading values of the psychoanalyst, and . . . they have guided him toward selective perception and selective action within the psychological field" (p. 399). He further noted that the unacknowledged and unquestioned presence of these values have interfered with "the analyst's ability to allow his analysands to develop in accordance with their own nuclear programme and destiny" (Kohut, 1982, p. 399). Rogers, too, was against imposing an external morality on any human being. He expressed strongly worded criticism of the orthodox Freudian approach, as well as the orthodox behavioral approach, which he felt were examples of "elitist control of persons 'for their own good' either to produce better adjustment to the status quo or happiness or productivity or all of these" (Rogers, 1977, p. 20).

Finally, both Kohut and Rogers assumed that humans have a tendency toward growth, health, and fulfillment. It is only when these natural urges are thwarted that pathology results. The observational studies of Margaret Mahler on mother-child interactions in infancy provided some confirmation of this humanistic viewpoint. Mahler (1965) said, "it is quite impressive to observe the extent to which the normal infant-toddler is intent upon extracting, and is usually able to extract, contact supplies and participation from the mother; sometimes against considerable odds; how he tries to incorporate every bit of these supplies into libidinal channels for progressive personality organization. (p. 168)

Kohut (1982) has noted, "as a depth psychologist I observe regularly that behind the oedipal disturbance lie flawed selfobject responses. And that behind them the primary hope for a normal, self-growth-promoting milieu is still alive" (p. 405). Rogers (1980) presented essentially the same message: I remember that in my boyhood the bin in which we stored our winter's supply of potatoes was in the basement, several feet below a small window. The conditions were unfavorable, but the potatoes would begin to sprout—pale white sprouts, so unlike the healthy green shoots they sent up when planted in the soil in the spring. But these sad, spindly sprouts would grow two or three feet in length as they reached toward the distant light of the window. The sprouts were, in their bizarre, futile growth, a sort of desperate expression of the directional tendency I have been describing. . . . In dealing with clients whose lives have been terribly warped, in working with men and women on the back wards of state hospitals, I often think of those potato sprouts. . . . The clue to understanding their behavior is that they are striving, in the only ways that they perceive as available to them, to move toward growth, toward becoming. To healthy persons, the results may seem bizarre and futile but they are life's 'desperate attempt to become itself. This potent constructive tendency is an underlying basis of the person-centered approach. (pp. 118–119)

Differences

What are the differences between Kohut's and Rogers's approaches? One important difference is in their definition of self. For Rogers, self is an "organized, consistent conceptual gestalt composed of perceptions of the characteristics of the 'I' or 'me' and the perceptions of the relationship of the 'I' or 'me' to others and to various aspects of life" (Rogers, 1959, p. 200). The goal of the personality, for Rogers, is to be congruent, which occurs when all experiences in the organism are accessible to the self. Congruence occurs when an individual experiences unconditional positive regard and empathy. Then, the self will have access to all experiences, because the individual knows that no matter what he or she thinks or feels, he or she will be valued and understood.

As adjustment is associated with congruence, maladjustment is associated with incongruence. When a person is treated with "conditional love" (conditions of worth), experiences that have been disapproved of, usually by parents, become inaccessible to the self—they are either denied or distorted in awareness, and the person is incongruent. In a therapeutic atmosphere of unconditional positive regard, empathy, and prizing and valuing, the person no longer has to defend against the previously disapproved experiences; therefore, these experiences become accessible to self, resulting in congruence and adjustment. Rogers (1951) said that "perhaps one of the most important changes in therapy is the bringing into awareness of experiences of which heretofore the client had not been conscious" (p. 147). This theoretical framework of Rogers seems similar to Freud's. Incongruence seems equivalent to repression, and the lifting of repression comes...
consistent empathic intuneness has been present between the self and its selfobject (that is, between the patient and his or her therapist). Inevitably, even with this intuneness, an empathic failure (an optimal frustration) is bound to occur, and on these occasions, the self acquires the capacity to take over a small fraction of the functions the selfobject formerly provided for it. (See examples in the following two paragraphs.) The process of transmuting internalization occurs over and over again in normal development or, belatedly, in psychotherapy, and leads, in gradual increments, to self-structuralization. Kohut (1980b, pp. 478–479; 1984, p. 70) stressed that as the person acquires self-structure, he or she does not become independent of selfobjects, but rather becomes more adept at establishing mature relationships of "empathic resonance" (Kohut, 1984, p. 185; Wolf, 1983) with the selfobjects of adult life. And Kohut (1984, p. 110) believed that this process (transmuting internalization during an optimal frustration), although perhaps not recognized as such, contributes to the successful results of various different psychotherapeutic approaches. It is important to emphasize that whereas widening of consciousness was the primary therapeutic goal for Freud and Rogers, for Kohut, strengthening of the structure of the self is the primary goal, and widening of consciousness, if it occurs, is a secondary outcome (Kohut, 1984, pp. 77, 108, 152–153).

According to Kohut, the self has at least three "constituents" or "sectors" (see Figure 1), the maturation of which, by transmuting internalization, constitutes healthy development. One sector consists of the child's exhibitionistic and grandiose needs. Healthy development is facilitated when empathic selfobjects echo and reflect, as well as admire, the child's display of his or her grandiose-exhibitionistic self. Inevitably, the mirroring selfobjects are not perfectly attuned or are unavailable (optimal frustration), and on these occasions the child will gradually acquire the capacity to take over the functions of the selfobject (transmuting internalization). Thus, outward signs of approval become internalized as self-esteem and feelings of vitality, while exhibitionism and grandiosity mature into healthy self-assertive behavior and the pursuit of ambitions.

A second constituent of the self consists of idealizing needs. Kohut felt that the child has a normal need to admire, idealize, and seek strength and soothing-calming responses from an all-powerful selfobject. Inevitably the idealized selfobject will be disappointing or unavailable, and, on these occasions, the functions of the selfobject become internalized, little by little, as permanent self-structure. For example, on many occasions the child, when frightened, was calmed in the arms of a strong, soothing selfobject. When this selfobject is unavailable (optimal frustration), the child gradually acquires his or her
own self-soothing capacity. In a similar way, in later childhood, the values and ideals of the selfobject are gradually internalized as self-structure.

Kohut (1971, 1977) came to refer to these two sectors as the bipolar self. In his final book (Kohut, 1984), he included a third constituent of the self, which involves the maturation of alterego or twinship needs (pp. 192–207). This sector consists of the need of the self just to be with another alike person, a human among humans. Kohut speculated that talents and skills develop as a child and an adult work alongside one another on some activity: for example, cooking or arts and crafts. Although being in the presence of others seems like an important selfobject need, it is not clear why talents and skills should develop, for the most part, as a result of satisfying this need. “Mirroring” the child when he or she exhibits innate abilities would certainly also be an important facilitator of the maturation of talents and skills.

Figure 1 depicts the maturation of these three sectors of the self. As can be seen in Figure 1, two vectors of psychological energy traveling in opposite directions are present in the original bipolar self. One vector consists of energy going from the mirroring selfobject in toward the grandiose–exhibitionistic component of the self, while the other vector consists of energy traveling in the opposite direction out toward the soothing, idealized other. The twinship component, on the other hand, does not involve directional energy, just the mere presence of another human in the same psychological space. Kohut (1984, pp. 202, 204) noted that these formulations contain some shortcomings and may be oversimplified, but as long as they help organize data and are flexibly used, they have significant value.
What happens if the selfobjects of childhood are not sufficiently empathic? According to Kohut, normal structuralization is impeded, and the self begins to lose its inherent cohesion, becoming fragmented. Under these circumstances, the person is not fully able to soothe himself or herself nor to properly regulate self-esteem. Therefore, he or she seeks external sources, such as other people or drugs, to perform these functions. Instead of expressing the normal assertiveness and affection of healthy development, hostile aggressiveness and/or abnormal sexuality appear as a breakdown product of the damaged self. The self is especially vulnerable to injury, and this vulnerability results in either a protective withdrawal from people or fits of rage in response to small slights. Feelings of inner emptiness or depression, caused by the chronic selfobject failures, are defended against by compulsive attempts to stimulate or soothe the self via sexual excitement, aggressive attacks, the intake of drugs or food, or by other means (e.g., compulsive jogging; see Figure 2).

Kohut, in contrast to Freud, did not consider rage the manifestation of an innate aggressive drive but rather the response of a vulnerable self to narcissistic injury. Also, according to Kohut, abnormal sexuality is not the expression of an innate sexual drive (as Freud theorized), but rather the attempt of a fragmented self to feel alive again, to soothe, stimulate, or pull itself together. In psychotherapy, rational appeals to utilize greater self-control are ineffective; it is the gradual strengthening of the structure of the self that enables the person to better control rage (Kohut, 1972/1978, p. 646) or pathological sexuality (Goldberg, 1978, pp. 263–296).

In Kohut's view, in all kinds of treatable disorders the essential therapeutic force is the "reconstructive-interpretative approach," where pathological childhood experiences are revived and worked
through in the transference. Although he did not reject the traditional transferences, Kohut emphasized his own formulation of the selfobject transferences. In these transferences, the therapist encourages expression of the self's archaic needs, for example, early mirroring needs. When these needs are expressed, empathically understood, but not always gratified (optimal frustration), the personality very gradually matures, via transmuting internalization, during a working-through process. This concept of the selfobject transferences has been considered by others as Kohut's most important therapeutic formulation (Wallerstein, 1983, p. 24). In contrast, Rogers's therapy is in the here and now, and the working through of transference is not a part of it (Rogers, 1951, pp. 198-218).

There are three major selfobject transferences, according to Kohut (1984), each associated with one of the three constituents of the self. In the mirror transference, the grandiose self insists on continuous empathic mirroring; in the idealizing transference, the therapist becomes an all-powerful, soothing selfobject; and in the twinship transference the therapist is needed as a human presence of essential alikeness. At first glance these may not seem to be "transferences" but rather the expression of basic human needs that have not been adequately satisfied. However, they are transferences when the therapist, in a minor empathic lapse, reminds the patient of the traumatizing parent and the patient attacks with rage as if the therapist had become that parent (Kohut, 1984, pp. 178, 225-226n). As the archaic or "selfish" demands emerge in these transferences, sometimes against considerable resistance, they are not to be condemned (that is, the patient is not to be admonished to inhibit selfishness), but rather such demands are to be welcomed and understood as the expression of the self's drive to complete its development (Kohut, 1984, p. 209).

Central to Kohut's theorizing are developmental and maturational issues. The archaic needs of the self are activated in the selfobject transference, and through transmuting internalizations they are very gradually brought to maturity. The accretion of psychological structure that optimally should have occurred during normal development is now belatedly occurring in the therapeutic milieu. In contrast, Rogers (1951, 1959) showed no particular interest in developmental issues, focusing almost exclusively on the present, and concerning himself with congruence, that is, the widening of consciousness. It is interesting to speculate about the reason for Rogers's neglect of developmental issues. I would like to suggest that Rogers, in his personality theory, assumed a psyche that had already achieved a fairly mature level of development, a level characteristic of the neuroses. With a neurotic self-structure, one does not have to account as much for the early developmental issues that are of central concern in more severe pathologies. Furthermore, therapy does not have to be as lengthy, because a structured self has already been established. (Rogers advocated relatively brief therapy.) In this regard, it is of significance that Rogers's major interest later in his career was "consciousness raising" in "normals" (Kirschenbaum, 1979, p. 332), individuals for whom the self is already fairly well structured.

Kohut theorized that ideals and values are acquired through the process of admiring and idealizing an omnipotent selfobject; in contrast, Rogers said that ideals and values exist internally, a priori, as part of the organism's experience, and do not have to be learned. Rogers (1951, p. 523) wrote, "The client finds that it is his own organism which supplies the evidence upon which value judgments may be made"; or again, "gradually he comes to experience the fact that he is making value judgments, in a way that is new to him, and yet a way that was also known to him in his infancy" (Rogers, 1951, pp. 522-523). It is of interest that many have admired Carl Rogers as an ideal of humanism and openness, and this idealization may have contributed to the values of these admirers; but Rogers failed to note the influence of idealization in personality development. Stolorow (1976) noted that Rogers, in attempting to facilitate equality in the therapeutic relationship, might have tended to discourage the expression of the archaic idealizing need.

Rogers pointed out the harmful consequences of diagnostic labeling. He believed that there were quantitative rather than qualitative differences between a college student with problems in living and someone with very serious psychopathology (Kirschenbaum, 1979, p. 84). Unconditional positive regard and empathy would be suitable treatment for both. Kohut distinguished between two kinds of treatable disorders: (a) narcissistic disorders, where only the beginnings of a self have been established and structuralization is incomplete, and (b) neurotic disorders, where the self has become more or less fully structuralized, but the person cannot reach his or her productive potential because of interfering conflicts. Kohut considered borderline and psychotic disorders untreatable by the psychoanalytic method because the core self is too weak to become activated in the transference (Kohut, 1984, pp. 8-12). Kohut's major therapeutic contribution concerned the treatment of the narcissistic disorders, where a strengthening of the structure of the self is achieved by working through the selfobject transferences. Kohut (1980b, p. 524; 1984, pp. 5, 43) came to recognize that neurotic disorders, too, originated out of selfobject failures but from a later period in childhood (when the child enters the oedipal phase). For the
neurotic disorders, in contrast to narcissistic disorders, the selfobject of early childhood did provide adequate mirroring and were a sufficient source of idealized strength and calmness.

Rogers (personal communication, August 23, 1983) thought that psychoanalysts used interpretations excessively, that is, they tried to explain too much to their patients. He voiced particular complaints against inappropriately timed and unempathic interpretations (Kirschenbaum, 1979, pp. 88–90). Kohut (1977, p. 115) was in full agreement about the detrimental effect of unempathic interpretations, referring to “resistances” as aggressions or defenses against such interpretations. Rogers believed that with empathic understanding alone, each person has the capacity to discover his or her own answers. In contrast, Kohut (1982, p. 398; 1984, pp. 184–186) distinguished between two kinds of empathy: understanding, a lower form, and interpretation, a higher form. Kohut believed that both were essential to the therapeutic process. According to Kohut (1984, pp. 105–106), interpretations broaden and deepen the patient’s empathic-accepting grasp of himself or herself, as well as broaden and deepen the empathic bond between the therapist and patient. In addition, the movement from understanding to interpretation establishes an empathic bond on a more mature level, because “the physical distance between the self and the selfobject increases at the same time as empathic closeness is maintained” (Kohut, 1984, p. 186). However, Kohut (1977) noted that some severely traumatized patients “will require long periods of ‘only’ understanding before the second step—interpretation, the dynamic-genetic explanations given by the analyst—can be usefully and acceptably taken” (p. 88).

To convey an egalitarian ideal, Rogers always sat face to face with his clients (Kirschenbaum, 1979, p. 117), whereas in the psychoanalytic approach, the patient lies on the couch and cannot see the analyst (Kohut, 1984, p. 221n; Wolf, 1976, p. 102). There are certain practical and traditional reasons for the use of the couch in psychoanalysis. However, especially with patients who have more archaic selfobject needs, it would seem that empathy would be more readily facilitated in a face-to-face interaction. A recent personal experience with such a patient illustrates this point. The therapy sessions were held in the daytime in a well-lit room. However, this patient insisted that the light on the table between him and the therapist be turned on so that he could see the therapist more clearly during their face-to-face sessions (see Kohut, 1984, pp. 220–221n, for a similar example). In these situations it appears that a face-to-face communication can do more to prevent fragmentation fears than the traditional arrangement, in which the therapist is out of the patient’s view. If the goal of psychotherapy is the widening of consciousness, as it is in traditional psychoanalysis, then the couch serves the useful function of facilitating free association. However, if, as Kohut indicated, the primary goal is the establishment of an empathic intuneness to facilitate structure-formation as a result of optimal frustration, then face-to-face interaction would appear to be the more appropriate mode for psychotherapy.

Probably because Rogers received little formal therapeutic training, he did not advocate formal training for others. He believed that the most important qualification for a successful therapist was the therapist’s own congruence. He was against certification and licensing because he thought that “very well qualified people exist outside the fence of credentials” (Rogers, 1980, p. 246). He cited “hotline” workers who, with minimal training and in a crisis situation “use a skill and judgment that would make a professional green with envy” (Rogers, 1980, p. 245). He reported that in his experience with groups, he has seen a “so-called naive member” with an inner wisdom “which far outclasses that of myself or of any other professional facilitator” (Rogers, 1980, p. 246). There are dangers in Rogers’s approach. He himself once was driven to the brink of a mental breakdown when treating a seriously disturbed woman (Kirschenbaum, 1979, pp. 191–194). A major difference between Kohut and Rogers involves their attitudes toward training. The psychoanalytic approach advocates thorough training in theory and techniques and a personal analysis to minimize countertransference (Kohut, 1973/1978a, p. 513).

A contradiction can be found in Rogers’s approach. Although he advocated unconditional positive regard, prizing, and empathy, he also said, I have learned that in any significant or continuing relationship, persistent feelings had best be expressed. If they are expressed as feelings, owned by me, the result may be temporarily upsetting but ultimately far more rewarding than any attempt to deny or conceal them (Rogers, 1980, p. 44).

In another context, he said, “I have not found it to be helpful or effective in my relationships . . . to act in one way on the surface when I am experiencing something quite different underneath” (Rogers, 1961, p. 17). Thus, Rogers advocated the expression of feelings, such as anger or boredom, if these were the genuine feelings of the therapist. Kohut (1971, pp. 273–277) pointed out that narcissistic patients, in their self-preoccupation, will often instill boredom and perhaps anger in the therapist. But if the therapist expresses these feelings, added injury will be inflicted on an already vulnerable self.

Rogers believed that psychological theories
should be experimentally verified, and he made important contributions to psychotherapy research through the experimental testing of his hypotheses. He always cited empirical evidence to confirm or disconfirm a position he was taking. Rogers (personal communication, August 23, 1983) noted that an important difference between his work and Kohut's was Kohut's failure to experimentally test his theories. Kohut (1980a, p. 457) distinguished between the physical, biological, and behavioral sciences, which use as their method the observation of external events (extrospection), and the science of the human mind, psychoanalysis, which uses the methods of introspection and empathy (vicarious introspection). Kohut (1959/1978) said, "only a phenomenon that we can attempt to observe by introspection or by empathy with another's introspection may be called psychological. A phenomenon is 'somatic,' 'behavioristic,' or 'social' if our methods of observation do not predominantly include introspection and empathy" (pp. 208-209). Thus, the subject matter of psychoanalysis, complex mental states, cannot be subjected to experimental testing or statistical proof, because it is accessible only through introspection and empathy (Kohut, 1984, pp. 224-225n). On the other hand, behavioral phenomena, which can be subjected to experimental testing, lie outside the realm of psychoanalysis.

According to Kohut (1982, p. 396), after data is collected through introspection and empathy, the science of psychoanalysis progresses through the construction of both experience-near (what Rogers calls low-level inferences) and experience-distant (what Rogers calls high-level inferences) theories. Rogers (1980, p. 50) limited his theoretical formulations to low-level (experience-near) inferences. However, both Rogers and Kohut have been against unnecessarily complicated theorizing (Kirschenbaum, 1979, p. 84; Kohut 1977/1978, p. 933).

It is interesting to note that Kohut (1982, p. 401), in his criticism of the psychoanalytic theory of drives, commented that in the healthy self, drives are not accessible to introspection. By this criterion, the term object, as in selfobject, would also not be accessible to introspection. People experience a caring other, a noncaring or rejecting other, but not an "object." It would seem that the term selfother would better fulfill Kohut's intention of using concepts that are experience relevant.

As noted, Kohut was completely committed to the in-depth study of mental life. In contrast, Rogers did not limit himself to a concern for inner experience; he sought to apply his "person-centered" theories to many different social issues, including education, poverty, unemployment, schooling for minorities, feminism, marriage, the humanization of medical education, and disarmament.

In the 1960s, Rogers became involved in the encounter group movement, a major purpose of which was to facilitate consciousness raising for relatively well-functioning individuals who did not usually participate in individual therapy. These groups also served as a vehicle for Rogers's own personal growth (Kirschenbaum, 1979, p. 333). Rogers was especially interested in promoting understanding between "interracial and intercultural groups" (Rogers, 1980, p. 67). He helped to sponsor, and participated in, the following conflict-resolving groups: drug addicts and narcotics officers; professional health insurers and health consumers who were minorities and poor; and, on one occasion, Catholics and Protestants from Belfast. He also arranged and led groups for teachers and educational administrators and for presidents and executive officers of large corporations. In contrast, Kohut, to my knowledge, did not involve himself in group psychotherapy.

Rogers's emphasis was always on relatively brief psychotherapy, and he did not advocate the kind of long-term therapy that is the basis of psychoanalysis. There may be several reasons for this emphasis, related to Rogers's personality, his diverse interests, and the type of clients he saw, but one reason was probably very practical. In his early work with the underprivileged in Rochester, during the years 1928 to 1939, Rogers noted that in poor neighborhoods, realistic measures such as placement of a child in a more supportive environment had to be taken immediately, and talk therapies, let alone lengthy analyses, were often not even possible (Kirschenbaum, 1979, p. 83). Experiences such as the above probably sensitized Rogers to the large number of people requiring psychological counseling and the limited time available to provide such services. Thus, Rogers was a pragmatist, attempting to reach a larger number of people with a less in-depth analysis of the individual self. He was critical of psychoanalysis because it "took so much time and money that only a handful of those needing help could receive it" (Kirschenbaum, 1979, p. 83). Kohut was a purist, trying to provide the most effective therapy for the individual. However, he acknowledged that the ideal of long-term psychoanalytic therapy is not always possible and that effective forms of short-term therapy also exist (Kohut, 1973/1978a, p. 525).

Rogers has been interested in providing counseling services to persons in all socioeconomic classes. As noted, he and his colleagues have been involved in groups whose goal was the resolution of social conflicts. He observed that minority members often feel tremendous rage and bitterness toward whites and that this rage will dissolve only when it is accepted, "really heard," and "understood empathically" (Rogers, 1977, pp. 133-134). In contrast to
Rogers's involvement with minorities, Kohut's psychoanalytic approach, which entails several individual sessions per week over long periods of time, is suitable for a narrow range of individuals who are more affluent and better educated than most members of minority groups.

Through his writings, Rogers has been able to communicate with a broad spectrum of the population. His writing style is clear, easily understood, and also personal and selfrevealing. Kohut's technical and often complex style is geared to the professional and not the layperson. However, he did express the hope that his theories would reach the public via the popular media (Kohut, 1975/1978, p. 776).

As part of his concern with the public, Rogers attempted to demystify the nature of therapy by making transcripts of sessions available to anyone interested. He said that "client-centered therapy has forever changed the politics of psychotherapy by the recording and publishing of transcribed therapeutic interviews. The mysterious, unknowable operations of the therapist are now wide open for all to see" (Rogers, 1977, p. 14).

Rogers's attitude toward the human situation was more optimistic than Kohut's. For example, Rogers was once quoted as questioning the existence of tragedy by saying, "Romeo and Juliet might have been all right with just a little counseling." Comparing himself to Rollo May, he said, "I'm more optimistic... my philosophy has more room for hope" (Kirschenbaum, 1979, pp. 350–351). Kohut, on the other hand, has been impressed more by people's failures than by their successes. He contrasted "guilty man" (applicable to the classical analytic approach), who attempts to satisfy drives against environmental pressures, with "tragic man" (applicable to the self-psychology approach), who seeks "to express the pattern of his nuclear self" (Kohut, 1977, p. 133). Kohut (1977) said, "realism prompted me to adopt the negative terms Guilty Man and Tragic Man because man's failures in both realms do overshadow his successes" (p. 239).

A final difference lies in their attitudes toward feminist issues. In the area of language, Rogers was aware of the advantages of using nonsexist expressions. Kohut, on the other hand, continually referred to humankind as "mankind." Furthermore, Kohut (1980a, p. 454; 1984, p. 218n), in several examples, mentioned the outstanding fame achieved by men as a consequence of establishing relationships with women who served as perfectly attuned selfobjects. These examples seem to reflect Kohut's acceptance of a traditional role for women, which is to "be there" for men while the men achieve success.

### Conclusion

In closing, I would like to stress a crucial similarity between the two theorists. This similarity concerns the nature of the psychotherapeutic "ambience." Rogers, several years before Kohut, noted that the most important facilitators of personal growth were empathy; valuing, caring, and prizing of the person; and the therapist's realness and lack of a facade. Kohut, independently, through his devotion to the introspective method of psychoanalysis, discovered the importance of the selfobject needs of analytic patients. According to Wolf (1983), Kohut's discoveries have led to a new analytic ambience. With regard to the analyst's attitude toward his or her patient, Wolf said, "An objective analytic neutrality can no longer be defined by criteria that ignore the patient's sense of whether the analyst is or seems to be for or against the patient" (p. 499). Wolf (1983) also commented on the openness and nondefensiveness of the analyst in the following manner:

Yet hope springs eternal, and is encouraged by the analyst's professional commitment and self-revealing attitude. During the early phases of resistance analysis, the analyst may reveal that he or she is ignorant or clumsy in attempting to understand the analysand, or perhaps, the analyst's own selfobject needs may seek some succor in the psychoanalytic situation, even at times using the patient as a selfobject. Since in essence, resistance is nothing but fear of being traumatically injured again, the decisive event of its analysis is the moment when the analysand has gained courage from these self-revelations of the analyst to know that the analyst does not need to feed on the patient to achieve cohesion and harmony (p. 500–501).

This is a far cry from the analytic neutrality of the past. Thus, Heinz Kohut has performed, by himself, and with considerable struggle, the very difficult task of integrating into the psychoanalytic tradition many notions of Carl Rogers's humanistic psychology. Rogers's psychotherapeutic approach was limited because it focused so predominantly on the present. However, his contribution to the here and now, as has long been acknowledged, was significant. Because Kohut has theorized that empathy is a necessary precondition for self-structuralization, the psychotherapeutic ambience has assumed added significance in his approach. One purpose of this article has been to highlight some of the issues involved in ambience. In addition, with Kohut's increasing popularity in psychoanalytic circles and the infrequent reference to his work in general psychology texts, it seems timely to familiarize psychologists with his contributions. As was shown, he has theorized that strengthening the structure of the self, rather than widening of consciousness, is the primary goal of psychotherapy, and he has attempted to show how this strengthening occurs both in normal develop-
ment or, belatedly, in psychotherapy. A main purpose of this study, then, has been to bring to the attention of the wider community of psychologists the nature of Kohut's significant contribution, a contribution that has provided a bridge between psychoanalysis and humanistic psychology.

REFERENCES


