Richard Chessick

Empathy

Psychology of the Self and the Treatment of Narcissism

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Empathy

Does empathy have a healing power or is it simply a mode of observation? If a person feels understood empathically by another person, does this exert a healing effect? If so, how are we to describe this healing effect metapsychologically?

Approaches to Empathy before Kohut

In a preliminary and experimental approach I (1965) likened empathy to what Nacht (1962) called "a certain deep inner attitude" in the therapist. When we take the position of another person, our imagination moves from ourselves into the other person. We may experience certain changes in our own muscles and actual physical posture. To empathize does not mean that the individual must experience physical sensations; empathy can be physical, imaginative, or both. Fenichel (1945), quotes Reik, who maintained that empathy consists of two acts, "a) an identification with the other person, and b) an awareness of one's own feelings after the identification, and in this way an awareness of the object's feelings" (p. 511).

Regardless of identifiable organic sensations, empathy connotes a

form of personal involvement and an evocation of feeling. Our empathy is no less real if our bodies undergo no physical change and if we move into the situation of the other person only in our fantasies.

I (1965) refer to the work of Katz (1963) who, along with Reik (1949), presented some metapsychologically imprecise and intuitive definitions and discussions of empathy. Katz discusses the fielding of signals through a "kind of inner radar" which works from cues in the conversation or impressions we receive. Reik (1949) explains that "in order to comprehend the unconscious of another person, we must, at least for a moment, change ourselves into and become that person. We only comprehend the spirit whom we resemble" (p. 361).

Perhaps no other author before Kohut emphasized the importance of empathy as much as Harry Stack Sullivan. He never really defined the term but spoke of empathy developing through "induction" and postulated that the tension of anxiety present in the mothering one "induces" anxiety in the infant. The process by which this induction takes place is referred to as a manifestation of an interpersonal process that Sullivan called empathy. He (1953) also introduced the term "empathic linkage," meaning a situation in which

two people are linked in such a way that one induces a feeling in the other. Anticipating the objections to the concept of empathy, Sullivan wrote:

> I have had a good deal of trouble at times with people of a certain type of educational history; since they cannot refer empathy to vision, hearing, or some other special sensory receptor, and since they do not know whether it is transmitted by the ether waves or air waves or whatnot, they find it hard to accept the idea of empathy, (p. 41)

Later, in a passage characteristic of his famous incisive irony, he continues, "So although empathy may sound mysterious, remember that there is much that sounds mysterious in the universe, only you have gotten used to it; and perhaps you will get used to empathy" (pp. 41-42).

Fromm-Reichmann (1950) offered a dramatic clinical example of the empathic process. She explained how "some empathic notion for which I cannot give any account" made her turn back toward a patient with consequences that later marked the beginning of successful therapy of that patient. This example, like Sullivan's definition, leaves empathy as a rather mysterious intuitive process and demonstrates

empathy by the presence of a response in the therapist that can be observed by the patient or by an observer. Fromm-

Reichmann (1950) insisted that empathy between the patient and therapist is crucial to psychotherapy. Therapy, she says, should be offered in the spirit of collaborative guidance, aimed at the solution of difficulties in living and the cure of symptoms. She concludes, “The success or failure of psychoanalytic psychotherapy is, in addition, greatly dependent upon the question of whether or not there is actually an empathic quality between the psychiatrist and the patient” (p. 62).

All seem to agree that the use of empathy in psychotherapy calls for a pendulum-like action alternating between subjective involvement and objective detachment. Traditional analysts refer to this as a regression in the service of the ego when it is used toward specific goals. When the good empathizer regresses in the service of the ego, that person engages in a playful kind of activity, inwardly imitating events in the life of the patient. The activity is regressive only in the sense that it calls for a relaxed and unstructured experience associated with the fantasy of the child or the poetic license of the

artist. The therapist must then be able to swing back to an objective and detached relationship in order to make clinical use of the information gained through the empathic process.

Long before Kohut, Fliess (1942) explained that the skill of the therapist depends on the ability "to step into [the patient's] shoes, and to obtain in this way an inside knowledge that is almost first-hand. The common name for such a procedure is empathy" (pp. 212-213). Levine (1961) claimed that empathy, if handled correctly, leads to a type of immediate comprehension of the patient's problems, a comprehension superior to the intellectual variety of understanding.

French and Fromm (1964) discussed "empathic thinking" in dream interpretation, stressing "empathic understanding" as a direct intuitive communication between the unconscious of the patient and that of the therapist. The patient evokes in the therapist "an empathic sense of what is going on" in the unconscious of the patient. Freud (1912), in his comparison of the therapist's unconscious as a telephone receiver adjusted to the patient's "transmitting unconscious" implied a sort of resonance between the therapist's unconscious and that of the patient. This resonance enables the

therapist to understand the language of the patient's unconscious:

> Just as the receiver converts back into sound-waves the electric oscillations in the telephone line which were set up by the sound waves, so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient's free associations, (p. 116)

French and Fromm (1964) point out that there must then occur a translation from this empathic understanding into a language suitable for scientific analysis. This translation is called "conceptual analysis" by these authors, and thus we have again the pendulum-like action described above.

FACTORS INTERFERING WITH EMPATHY

Empathy calls for flexibility and willingness to enter into new, unprotected, and unexplored areas. Each patient has some unique quality which calls for a personal and unprecedented appreciation. The therapist must venture alone into the inner experience of another person and can neither apply a label nor feel complacent about this new understanding.

On a clinical basis it is the anxiety of the individual therapist, so often disguised and unrecognized, which interferes with empathy most of all. Greenson (I960) discusses the pathology that interferes with empathy and the metapsychology of empathy. As Kohut (1971) pointed out, an especially great characterological barrier to empathy is formed by unanalyzed narcissism in the therapist, since the tendency to experience others as self-objects precludes the recognition of their individual personalities and points of view.

This interference may manifest itself in subtle forms, as in the tendency of therapists to identify themselves with the fixed routines and traditions of their profession. I have noted in consultations with colleagues in practice years after their residency training a tendency to become inflexible in their clinical approaches and procedures. The therapist can become so absorbed in professional skills and techniques that relationships with patients become depersonalized. Often, the gestures of empathic communication are made, but the reality and the freshness of the meeting are lost and in their place an almost inevitable artificiality intrudes. When this occurs, it reflects a lack of vigilance on the part of the therapist; he slips into a comfortable and apparently efficient routine (Chessick 1985c).

ANTICIPATION OF KOHUT'S VIEWS

In my (1965, Chessick and Bassan 1968) early experimental work on empathy it was already demonstrably clear that empathy had a crucial role in understanding the patient. Those therapists who stress insight use empathy primarily as a means of gaining knowledge of the inner experiences and the unconscious processes of the patient. For them, empathy involves an internal imaginative activity necessary in interpreting the dynamics of the patient. Although such therapists participate in the patient's experience, what they share with the patient is only the result of their own empathic activity translated into interpretations. They believe that the patient's self-insight cures the patient.

Positive emotions spontaneously develop in the patient as a response to empathy of the therapist, a universal and well-known human phenomenon. Empathy is communicated to the patient either by an intuitive behavior on the part of the therapist or by the communication of insight which has been gained through the empathic process. This is consistent with Kohut's (1971) view that many therapists in the past practiced as effectively as self-psychologists

because they utilized their intuitive empathic skills. The purpose of self-psychology is to specify these techniques and make them teachable as a craft to all therapists. For example, Greenberg and Mitchell (1983), in reviewing some case presentations by Jacobson, point out that in spite of her different theoretical orientation, "some of her technical procedures in fact sound remarkably like Kohut's" (p. 324).

When the therapist engages in an empathic process with the patient, a certain gratification is felt by the patient as she or he becomes aware of the active empathizing going on in the therapist. This is an especially important aspect in the therapy of borderline patients since the empathic relationship can be a new experience in the patient's life, particularly in treating patients who have experienced a great deal of emotional coldness in childhood.

Menninger (1958), anticipating Kohut's later advocacy of accepting the idealization of the patient, said that when there is consistent empathy coming from the therapist it sometimes calls forth in the patient a natural and realistic feeling of love or affection for the therapist. He implied that acceptance of this love by the therapist,

without trying to defend by ascribing it all to transference, may be an important experience in the patient's life.

A common clinical experience shows itself in patients who as babies had a mother who tended to respond with panic to their anxiety rather than with empathic calming. This sets off a "deleterious chain of events" (Kohut 1984, p. 83) in which the mother may chronically wall herself off from the baby, depriving the baby of the beneficial effect of merging with her as she returns from experiencing mild anxiety to calmness. She may continue to respond with panic which causes either "a lifelong propensity toward the uncurbed spreading of anxiety or other emotions" or forces the child to wall itself off "from such an overly intense and thus traumatizing" response, leading to an impoverished psyche and an inability to be fully human.

Kohut on Empathy

Kohut (1984) posits three functions for empathy: it is the indispensable tool of psychoanalytic fact finding; it expands the self to include the other, constituting a powerful psychological bond between

individuals in order to counteract man's destructiveness against his fellows; and it arises out of the self-object matrix, becoming the accepting, confirming, and understanding human echo evoked by and needed by the self as a psychological nutriment without which human life could not be sustained. In this shift from his primary definition of empathy as a mode of observation or psychoanalytic fact-finding to the other functions of empathy Kohut caused the greatest controversy.

Kohut (1971) presents a discussion of the misuse of empathy. The use of empathy in the observation of a nonpsychological field "leads to a faulty, prerational, animistic perception of reality and is, in general, the manifestation of a perceptual and cognitive infantilism" (p. 300). Kohut distinguishes between empathy and intuition. He defines intuitions as simply the same as any other reactions and judgments of a rational sort except that they occur much faster. What appears to be an intuitive grasp of a situation is really a speeded-up series of rational decisions such as those one may observe when a master chess player glances at the board and quickly sees the right move. This process fundamentally differs from vicarious introspection as a mode of observation.

Kohut (1971) claims that potential for empathic perception is acquired early in life; empathic talent may arise paradoxially in the same situation that can present a danger to the formation of the nuclear self due to fear of archaic enmeshment with the parent. For example, if the narcissistic parent considers the child as an extension of the parent beyond the period in which such an attitude is appropriate "or more intensively than is optimal, or with a distorted selectivity of her relevant responses, then the child's immature psychic organization will become excessively attuned to the mother's (or father's) psychological organization" (pp. 277-278). This may lead to a sensitive psychological apparatus with unusually great ability for the perception and elaboration of others' psychological processes. This skill may be employed later in a psychotherapeutic career, especially if it is combined with a need to master "the threatening influx of stimuli with an unusual growth of secondary processes aimed at understanding the psychological data and bringing order to the psychological material" (p. 280).

In his first book Kohut is aware that he will be compared with the philosopher Dilthey (1833-1911). He objects to Dilthey's view because he claims that Dilthey changed empathy from limiting its role to a data

collecting process to using it to replace the explanatory phases of scientific psychology. Kohut condemns this as "a deterioration of scientific standards and a sentimentalizing regression to subjectivity, i.e., a cognitive infantilism in the realm of man's scientific activities" (1971, p. 301).

EMPATHY AND SCIENCE

However, Dilthey's name arises frequently in discussions of Kohut. The project of formulating a methodology appropriate to the human sciences was seen by Dilthey "in the context of a need to get away from the reductionist and mechanistic perspective of the natural sciences and to find an approach adequate to the fullness of the phenomena," writes Palmer (1969, p. 100). Philosophers such as Nietzsche, Dilthey, and Bergson, according to Palmer (and I would add the psychiatrist-philosopher Jaspers), were attempting to reach "the experiential fullness of human existence in the world" (p. 101). Dilthey saw a fundamental distinction between all human studies and the natural sciences. This does not mean he attempted a return to some mystical ground or source for all life, but he hoped to achieve fullness of life through empathy, getting in touch with another's human

experience from within ourselves. This constituted a methodology for Dilthey fairly similar to Kohut's insistence that empathy or vicarious introspection was the indispensable method of psychoanalytic fact finding. Of course for Dilthey it was described in a more philosophical and poetic fashion. Subsequent philosophers have pointed out that his sharp distinction between the natural and the human sciences is a nineteenth-century notion that can no longer be defended, because the basic premises of the natural sciences also rest on human foundations that can only be grasped empathically (Chessick 1980b).

A brief discussion of the current scientific status of empathy is presented by Goldberg (1983a). He points out that there is a division in the psychoanalytic literature on the role of empathy in psychoanalysis. One view, although agreeing that empathy may be desirable, sees it as a relatively rare and unreliable phenomenon, fraught with the dangers of error due to countertransference. The other sharply contrasting view sees empathy as a common and universal mode of communication between people. It distinguishes between two ways of knowing: "direct, outward, public observation or extraception, and inward, private observation or introspection. The combination of introspection and putting oneself in another's place is

empathy" (p. 156). Even in this brief review Goldberg mentions Dilthey and his concept of a sympathetic insight into another person, allowing one to build up a picture of that person's life and to understand that individual's experience.

Hartmann (1927) at an early date objected strongly to this approach in psychoanalytic work and claimed that it was unscientific and unreliable. The situation was improved by Kohut's (1978) definition in 1959 of empathy as vicarious introspection, which gave us a working definition for empathy as a method for finding out about another person's inner life and made it possible to guard against the abuse of empathy. Like any scientific investigation, vicarious introspection must not be unnecessarily biased, and it must be subject to verifiability by further uses of the method, remaining alert to the effects of our own observations and interventions. Goldberg (1983a) concludes that "empathy seems to have a therapeutic effect when it is sustained" (p. 168) and he concurs with Kohut's placing of empathy into a central position in psychoanalysis.

The entire subject of the role of empathy within the psychoanalytic situation as conceived by various authors is reviewed

by Levy (1985). He complains of the "multiple and different meanings" (p. 369) Kohut gave to empathy. He warns of the transference gratifications involved in Kohut's positing a therapeutic factor of major import besides the analyst's interpretations, as was also suggested in Loewald's (1980, chap. 14) paper, part of which was published in 1960, describing the analyst as a potentially new object for the patient in addition to his or her interpretive function. Loewald's paper also bears a remarkable resemblance to some of Kohut's concepts but is in the language of traditional psychoanalysis.

Criticism of Self Psychology's Emphasis on Empathy

The increasing emphasis by self-psychologists on empathy has been subject to stormy criticism from traditional psychoanalysts. Shapiro (1974, 1981, Leider 1984) claims that he does not even know what empathy is and views it as a form of animism which would destroy psychoanalysis as a science. Lichtenberg, Bornstein, and Silver (1984, 1984a) have collected two volumes of reprints and some new papers on the subject of empathy, indicating its difficulty and controversially. Their collection offers Buie's (ibid. 1984, pp. 129-136) support of Shapiro's attack, in which both authors criticize the

vagueness and unreliability of the concept. They note the "confusion" among self-psychologists, who began by defining empathy as a mode of observation that implies only "in-tuneness" (Kohut 1977, pp. 115, 304; Goldberg 1980, p. 458), which they contrast with Goldberg's (1978) summary of Kohut's later work. Here, the emphasis shifts from the analyst as observer to the analyst as a person who responds in an empathic fashion, now defining empathy as "the proper feeling for and fitting together of the patient's needs and the analyst's response" (Goldberg 1978, p. 8). Shapiro and Buie both prefer Kohut's early version of empathy as strictly a mode of observation. They sharply disagree with self-psychologists on whether empathy provides anything more than what is provided by accurate psychological understanding. They stress the dangers of mysticism in regarding empathy as a special psychic function which utilizes, for example, Reik's (1949) "third ear." Buie (1981) explains three limitations in the accuracy and scope of empathy: "Patients may limit or distort the expression of behavioral cues about their state of mind; referents available in the mind of the empathizer may be inadequate; and the inferential process is inherently uncertain" (p. 305).

The German word *Einfühlung* was used in the late nineteenth

century to describe esthetic perception and was translated into English as “empathy.” It was defined as “a tendency to merge the activities of the perceiving subject with the qualities of the perceived object,” as quoted from Paget in 1913 by Reed (Lichtenberg, Bornstein, and Silver 1984, p. 7). Reed gives seven definitions of empathy (pp. 12-13) on the basis of carefully cited quotations. Empathy is:

1. Both knowledge and communication.

2. Simultaneously a capacity, a process, and an expression.

3. An ability to sample others’ affects and to be able to respond in resonance to them.

4. A method of data gathering.

5. An inner experience of sharing in and comprehending the psychological state of another person.

6. A special method of perceiving.

7. A means of communication and of nonrational understanding.

Pao (1983) offers still another definition from a Sullivanian viewpoint:

> To make use of one's empathic capacity to understand another person's needs and wants is not a solo activity. It is a process in which the two participants—the one who desires to understand and the one who desires to be understood—must both participate actively. Together, these two participants will gradually set up a more and more intricate "network" of connected communication, (pp. 152-153)

Olinick (Lichtenberg, Bornstein, and Silver 1984) regards Kohut's definition of empathy as vicarious introspection to be "facile and answers none of our questions" (p. 145). He is especially concerned about the differentiation between sympathy and empathy since they are often confused in the literature. An even more important differentiation must be made between empathy and paranoiac sensitivity as pointed out by Noy who explains, "We may be impressed by the keen sensitivity to others that a candidate displays in supervision or in seminar discussions, only to discover later that it is a paranoiac sensitivity, grounded in a general attitude that perceives the patient as a potential enemy" (Lichtenberg, Bornstein, and Silver 1984, p. 175n).

Post and Miller summarize the various objections to the emphasis on empathy and pay special attention to those which regard

empathy as imprecise or minimally accessible to objective measurement, and to those which maintain that emphasis on empathy encourages deviations from traditional psychoanalysis, reintroducing the issue of a corrective emotional experience at the expense of the curative power of insight. However, they claim that such objections have been treated by various authors whom they cite, and they ask why the same objections continue to be made in the literature. Post and Miller maintain that most of the criticisms of the empathic approach "do not seem judicious; sometimes they are based on a gross misreading of the relevant literature; at other times this literature does not seem to have been read at all; at still others, the empathic position is accurately represented and then dismissed by fiat, without argumentation," and try to explain this on the ground that the empathic stance "may evoke profound apprehensiveness in some analysts, leading sooner or later to disavowal" (Lichtenberg, Bornstein, and Silver 1984, p. 232).

Lichtenberg (Lichtenberg, Bornstein, and Silver 1984a) tries to answer criticism by quoting from the work of Kohut. There is a highly personal issue here, involving the character style of the analyst. Can the therapist accept a central emphasis on the notion of empathy? It is

a conception different qualitatively from the usual methods of scientific observation, and lends itself much more to subjective interpretation and use, as well as misuse.

Empathy and the Analytic Ambience

The central emphasis on empathy by self-psychologists has brought with it considerable discussion of the issue of abstinence and the general ambience of psychoanalysis and psychoanalytic psychotherapy. Self-psychologists such as Wolf (1976) emphasize the danger of carrying Freud's rule of abstinence to an extreme, leading to a cold and unnatural ambience. Freud, as reviewed by Fox (1984), regarded the frustration of the desires coming from transference love necessary to the prevention of a transference cure. Wolf (1976) points out that, carried to an extreme, this distance produces an ambience in the treatment which was not the ambience provided for his patients by Freud. He argues that a warm ambience does not interfere with the development of a negative transference; providing an average, expectable environment for the patient cannot be seen as a collusion between the patient and the therapist to avoid the emergence of patient hostility and criticism. Poland (1984) warns, however, that a

deliberate attempt to provide “empathic response” could lead to such collusion, and represents “an excess of therapeutic activity [based] too often [on a] failure of empathic perceptive accuracy” (pp. 288-290).

Kohut (1984) does not object to claims that the provision of an empathic ambience for his patients constitutes a corrective emotional experience for his patients. Myerson (1981) studied Guntrip’s (1975) report of his analysis with Winnicott, and Kohut’s (1979) two analyses of Mr. Z., and concluded that a corrective experience is involved in both Kohut’s and Winnicott’s clinical work. This is probably more extreme in Winnicott’s analysis of Guntrip, where he tells Guntrip, “You are good for me,” allegedly drawing Guntrip out of his schizoid shell to discover that there is no retaliation and that nothing happens to the analyst.

Fox (1984) writes that through the influence of Eissler’s (1953) paper on parameters, the principle of abstinence of Freud has become the misapplied rule of abstinence. Fox concludes that there still seem to be “deprivers” and “gratifiers” among psychoanalytic therapists, and he reminds us that too much deprivation can be experienced by the patient as a narcissistic wounding, while too much gratification (as

he says Kohut offers) leads to the lack of formation of an oedipal transference. He would turn Kohut's theory upside down and claim that Kohut sees such a dearth of "instinctual" oedipal lust and aggression because he is offering the patient too much gratification in his attempt to provide an empathic ambience.

Poland has contributed to a better delineation of the psychoanalytic ambience. He (1975) distinguishes tact as a "circumscribed analytic technical function dealing with *how* a statement is made, based on an understanding of the patient" (p. 155). He points out that when tact is working properly, it is invisible and comes into view mainly at times when it fails or threatens to fail; "when we notice a mistake on our part or when we become concerned with how to pose a statement to a patient" (p. 155). Poland (1975) believes that "highly developed tact is central to the art of analysis" and that it is related to, but not the same as, empathy. Tact follows empathy and is founded on a combination of that which is learned about the patient's inner workings through both cognitive understanding and empathy. He claims, "We learn with empathy and understanding, and we interpret with tact" (p. 156).

Poland offers the clinical concept of “pseudo-tact,” which represents the resistance of a patient who wants to avoid giving offense. The patient carefully delays mentioning something nasty about the therapist or avoids provocative comments, especially in areas felt to be “sensitive” for the analyst, such as race, religion, physical appearance, and so on, in order to be “tactful and polite.” Conversely, pseudo-tact may be a countertransference manifestation in which the analyst avoids making an interpretation because, out of reaction formation to sadism, the therapist does not wish to impose pain on the patient.

Poland (1974) tries to view empathic and cognitive sources of information in the therapy process “as facets of an essential unitary experience” (p. 292). He (1984) differentiates empathy from tact and neutrality. He also repeats his earlier (1975) distinction between tact and empathy and points out that tact is subordinate to the requirement for neutrality, which is the requirement of impartiality and the avoidance of imposing oneself or one’s values in trying to dominate the other person. Gitelson’s (1952) comment is also valuable: “It is of primary importance for the analyst to conduct himself so that the analytic process proceeds on the basis of what the

patient brings to it" (p. 7).

In conclusion, let us review a clinical vignette offered by Poland (1984). A "young analyst" is treating a young woman who cannot afford a baby sitter. The patient tells the analyst that each day she locks her 5-year-old son in a small room, unattended, for the two hours needed for her analytic sessions. When colleagues responded with horror, "the analyst explained that his task was not to feel guilty but rather to analyze the material as it arose. In fact, he had never questioned or commented to the patient on the peculiar arrangements" (p. 295). We all would agree with Poland's comment that "such dramatic pseudo-neutrality is, one hopes, rare" (p. 295). But Poland leaves unanswered a crucial question raised by this example. How could this person become a psychoanalyst? Does this example not provide support for Kohut's (1984) argument about the defect commonly found in the analysis of psychoanalytic candidates? Does it not tend to send us back to a study of Kohut's (1977, 1984) discussion of the whole problem of how a psychoanalyst should be trained and what sort of a person he or she ought to be, as well as to review his scattered comments (1978) on the selection of training analysts?

The emphasis by self-psychologists on empathy is one of the most acrimonious issues separating self-psychologists and traditional analysts. On this issue we have reached an irreconcilable disagreement between the orientations of self-psychologists and traditional psychoanalysts. Personal preferences seem to rest on personal factors and clinical experience. Yet, each camp sometimes suggests that a faulty training analysis or a misunderstanding of psychoanalysis may explain or at least influence the choice or orientation of the other group. Some better method of studying, understanding, and perhaps resolving these differences must be found.

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