

Recollection, Empathy, and Reverie

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Dimensions of Empathic Therapy

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Understanding who we are is a never-ending task. Philosophy and literature, religion and psychoanalysis, among the humanistic sciences, testify to our desire and need to pursue such a search. Freud, as his contribution to this common quest, mapped the human mind. With his understanding of individual defensive dynamics and unconscious processes, he opened new paths for inquiry. As psychoanalysts have reflected and explored this terrain, they have come to appreciate more deeply the relational processes between therapist and patient, signaling the importance of empathy for experiencing and for understanding another human being.

Can one human being understand another? What does it mean to stand in another person's shoes? It certainly means more than an intellectual grasp of feelings, thoughts and/or motivations. Does it have to do with becoming them, allowing ourselves to take on the shape of their inner terrain, so to speak? And if we do so, does that mean that empathy enables us to walk on level ground with another? Freud knew that in order to hear another person we have to be able to hear ourselves. By extension, we can say that in order to feel for another person, to walk his/her path, one has to be able to experience one's own feelings, to have full access to the range of feelings of which we humans are capable. In the words of the Roman playwright Terrence, we have to *count nothing human as alien...* Simple words, even profound, but difficult to live.

Caught in the web of the personal, historical, cultural moments in which we live, we are molded by such forces to see and to feel the world in a particular manner. Our individual history, in all its ramifications, makes our life relative. History shows us, however, that we are constantly tempted to make our perceptions, our thoughts, and our personal, historically conditioned values absolute—as if in doing so we are buffered against the transitory. In our anxiety to have a place to stand upon firmly we often define ourselves as against, as different from the other. Only when such defensive maneuvers prove unworkable is there the possibility for growth. We need empathy as a bridge from our momentary selves, our historical Is, to this other world we experience. Paradoxically, to walk this bridge to the other we have to go back into ourselves, we have to allow ourselves to feel our pain, our joys, our triumphs and our

mishaps.

How do we learn to empathize? Among the many possible ways is in our capacity for recollection and for reverie. Reverie, although implying daydreaming, has more to do with memory mixed with a little make-believe, with desire reaching for the possible. It has been dismissed in *scientific* circles as not being a viable conduit of knowledge—as subjectivity, the arena of poets. Yet reverie, in the service of recollection, can be an empathy- building bridge between listening ears. To hear another’s words in depth we have to listen to the echoes of our memories—back to oneself in order to be with another. Actually, our capacity for reverie and empathy revisits the medieval philosophical inquiry as to whether there is one mind, with many manifestations, or, as would seem most obvious, many minds. Such a seemingly obtuse question is not the result of ungrounded speculation, as if we were asking how many angels could fit on the head of a pin; rather it reflects a dim awareness of the universality of human consciousness. Psychoanalysis, in its theorizing about drives, defenses and the unconscious, has operated with such a premise since its inception. Freud, particularly as evidenced through his self-analysis, implied that to know one’s mind and its conflicts was to know of human conflicts in general. (Telepathy and clairvoyance, subjects which both Sandor Ferenczi and Freud had great interest in, become more understandable within this context.)

Empathy, consequently, is not extrinsic to experiencing another person, it is intrinsic. A physician without empathy is dangerous, a teacher without empathy alienating, a friend without empathy a stranger, and a psychotherapist without empathy is not only ignorant but useless. All this is rather obvious. What I would like to highlight is our capacity for recollection and reverie, as preambles, so to speak, to experiencing empathy. Such a capacity for reverie is close to Freud’s notion of free hovering attention (Freud, 1911— 1914). Theodor Reik (1956), in *Listening With The Third Ear*, emphasized this ability in his discussion about how we humans hear each other.

Were we to formulate this awareness into a thesis, we could say that as a patient is telling his/her story we have to be writing our own autobiography. Is that, perhaps, the patient’s gift to us—in order to hear them we have to re-find and re-own our own lives? No amount of experience seems to limit the endless corners of memories, thoughts, or fantasies where we can find ourselves as we interact with others. The following clinical case will clarify, I hope, these thoughts on recollection, reverie and

empathy.

Thinking about my first few years in practice, my mind goes to a particular patient I treated, a young man in his mid-twenties. He was, as he comes back to me, a quiet man who seemed particularly out of place in the business of mid-Manhattan. He grew up in a rural environment and had, just a year or so ago, moved to New York City. Henry seemed both innocent and bewildered; he was hardly able to articulate why he was in my office at all. During those first few sessions I felt not only concern for, but also protective of this unknown stranger. I was, however, puzzled by my feelings. Although bewildered and innocent his manner was also cold and disconnected, qualities which, ordinarily, would not evoke protective feelings in me.

In retrospect I believe I connected Henry with myself when, as a young child, I had great difficulty learning, when I was, in my own way, mute in class. The image of myself as that dark-eyed bewildered boy has always been present to me. I particularly recall my graduation from sixth grade grammar school when I participated in a school show pantomiming a dunce, to the music of *I'm Forever Blowing Bubbles*. I remember the audience's laughter and applause and my pleasure as well as my puzzlement. How was I able to conceive and execute this performance and yet, seemingly, have no capacity to learn? I did not understand that my refusal to learn was a self-called general strike, so to speak. It would take many years, beginning with visits to a child psychiatrist as well as periodic encounters with some loving and patient teachers, for me to call off the picket lines and join life with my fellow students.

The memories of myself as a puzzled, isolated, young boy echoed in my mind as I encountered this lonely, confused, pale young man; no wonder my initial feelings of protection. He was a painter, he said, as well as a political activist; he participated, so he informed me, in Marxist study groups. He spoke of his father, who had left the family many years ago, and his mother in such distant terms that I was barely able to sense their presence. Tall, thin and blond, Henry was awkward and somewhat clumsy in his movements. After work, except when he went to his political discussion groups, he would go to his apartment and either read or play the piano. Henry had no girlfriends and showed no indications of any sexual conflicts; he seemed to be asexual and nonaggressive in his responses to others. After speaking of his personal history in the most general of terms, he was quite content to sit opposite me, on a twice-a-week basis, and say nothing, often for 5-10 minutes, to my listening ears. Only when I would ask a direct

question would he answer and then very briefly.

I had been taught (during the mid-nineteen sixties) to listen carefully and consistently to patients. I had been taught that a patient's *freed speech* would lead to forgotten fantasies, memories and desires. I had not been taught how to respond to silent flatness. I began to feel inept and mildly irritated. To my gentle reminders that he try to say whatever might occur to him, with as little self-judgment as possible, Henry would smile uncomfortably, conveying bewilderment as to how he was supposed to speak of his insides. After a few months of what seemed like a standoff, it became clear that I was not handling this case well. Henry wondered if therapy was for him, while I, in my beginner's enthusiasm, felt frustrated. My white-haired psychiatrist of my youth had made me feel safe and understood; other therapists, along the way, had also. Remembering such experiences, I was unwilling to lay the absence of progress solely at Henry's feet.

I do not remember when it occurred to me to ask the most obvious of questions. I asked Henry what it was like when there was so much silence between us. And in a quiet, calm voice he said that he was used to it. There was, he continued, hardly any speaking in his household when he was growing up. At the dinner table, for example, only the most perfunctory of interchanges would occur, that is, *can I have more potatoes?* After dinner, he would go to his room, play piano or read. Frequently he would hear his parents fighting. When he said this it became clear to me that our work together had replicated and was repeating Henry's childhood experiences. That was why he did not experience my relatively silent presence as a possibility for self-discovery. Henry did not know, in practice, anything about personal communicating. The space between us was cluttered with a dead emptiness; an emptiness I wanted to bridge.

Along with any identification I had with Henry, I remembered George, my classmate in the seventh grade. George who would not speak to anyone when our class was in recess in the schoolyard—George whose face was white with fear and who seemed to hear only with his eyes. I remember walking up to him and saying that I too was frightened and that it was okay to talk—I would listen. George would not answer; he would nervously smile, acknowledge my presence with his eyes and then slowly walk away. I knew that for all the difficulties I had at home, with an angry and demanding father, I had, paradoxically, with my parents' vitality, links to the world. Henry brought to mind not only my childhood,

but also George, imprisoned by his fears. With such memories budding within me, I had a sense that I understood Henry and that together we could find the words to express that understanding. The empathy I had felt for Henry made progressively more sense to me.

Fortunately, at this time, I was rereading many of the works of Donald Winnicott (1965) and refinding his concept of a play-space between patient and analyst. Henry, I began to think, could not communicate in any “playful” interactive way because he had been so injured by self-preoccupied and remarkably non-communicative parents. His injuries were as real as if he had been physically abused.

If Henry had no bridge to reach me, then I would give him words, as building blocks. I decided, therefore, to speak and no longer to quietly wait for his thoughts, dreams or associations. If one essential task of life is to create the found world, as Winnicott suggests, then language becomes a crucial building block, a bridge to the world of others. I began to speak about anything that touched on Henry’s world, painting, politics, piano playing, etc. Henry listened and did not turn away as George had. Ever so slowly, he began to answer, not with the dead language he had used until then but almost imperceptibly with a growing presence of tone and color in his voice and a desire to connect in his intentions. There was also a slight note of surprise in his responses; surprise that I was talking about such ordinary topics.

If a person cannot play, it is as if they have no mind yet; they only have functioning. To have a mind is to be able to enjoy the play of metaphors, the play of relating, even, perhaps especially, the play of remembering.

I changed my technical approach, however, not without some misgivings. I had recently left full time college teaching with some regret; had I, I wondered, fallen back into it? Substituting, thereby, some unrecognized personal need to be the good parent for an analytic discipline that would be a better guarantee of the patient’s eventual autonomy? I read as much of Winnicott as possible, as well as Sandor Ferenczi; I knew that the words I read would have no strength until I could make them real by my interactions with Henry. Is that what Winnicott meant by each individual’s task to *create* the *found* world? At this early stage of my analytic practice, I now recognize, I was operating more on empathic intuition than intellectual conviction. Only gradually, as I experienced Henry’s more personal responses, were my concerns lessened.

Henry continued for another year, sitting opposite me twice weekly, before he accepted my proposal that he come more frequently and try using the couch. Even when he was experiencing analysis in a more traditional way, however, I tried not to lose sight of the therapy-playground in which we found ourselves. As we worked together, Henry gradually appreciated how his parents' lack of emotional connectedness had abused him, by omission, and had left him stranded in his own inner world. His childhood had been a series of cumulative traumas. We both came to understand that he had not been able to live in the present since he had no emotional memory of personal connectedness upon which he could stand.

Transference, as we know, uncreates the present. No wonder our first few months dramatically replicated his growing up years. As treatment progressed, Henry was able to distinguish his sense of the now, his life in the present, from the timeless, speechless blur of his past.

As analysis continued, Henry experienced what can be characterized as an adolescent stage of development. This developmental stage was dramatically brought home to me, one session, when he announced, from the couch, that his Marxist study group had concluded that psychoanalytic therapy was oppressive and designed to support a paternalistic capitalistic economic system. He stated further, as if reciting a script, that if he continued to pay my fee, he was, in fact, supporting a system that celebrated a capitalistic reward for the performance of a necessary human task. Furthermore, he proclaimed, since he earned considerably less an hour than I did, I was, in fact, exploiting him with the arbitrary fee I had set.

I was taken aback by his announcement. I felt bewildered and, given all the work we had done, somewhat irritated. Initially I fell back on what I suspected were the underlying issues, at least as I understood the dynamics of transference. I spoke of his forgotten and repressed rage at his father, as well as his distrust for his distant mother. I tried, over the next few sessions, to relate his rage at exploitation to the lack of personal care evident in his early home and to his feeling that there was no way he could affect the parental circle. I also acknowledged that elements of capitalism were oppressive and exploitative but that both of us were living in such an economic system and we had little, if any, power to change it. All to no avail. Henry decided to leave therapy.

At this point, puzzled as to how to proceed, I asked if he himself saw any solution to the inequality

he had come to articulate and to hate. He answered, after some minutes of pensive silence, that the only way he could establish equality between us was if he paid me what he himself earned, that is, three and a half dollars an hour. (*And somewhere on the edge of my consciousness I remembered working in my own father's business, feeling both exploited and powerless*) . . . After a few moments of reflection, I agreed. I now understand that my answer was an empathetic response to his feelings of vulnerability, humiliation and desire for equality. Such feelings were, in my own growing up, not foreign to me. At the time, however, I was not sure quite what I was doing; I knew that Henry needed to feel that the ground between us was level. I also knew that I did not want to lose Henry as a patient; we had both worked too hard to get where we were. Our financial arrangement would last for about 1 1/2 years.

At the end of this period of time Henry began joking with me that as his business improved, and he had his own painting firm, he was going to charge the same outrageous fees as I did. He added, around this time, that he had been thinking that since I had mastered more than he had for now, he could pay me my fee without feeling exploited.

In retrospect, I understand that I was able to let Henry create his world via his relationship with me, rather than just interpret his need to do so. He contributed to the rules of the play, so to speak, of his analysis. I was able to provide building-block words that helped Henry give speech to his feelings, particularly those of exploitation and oppression. By agreeing to a change in fee, I gave him actual power over my income. Empathetic responses that do not issue, on occasion, in a therapist's changing some basic procedures can easily be experienced by a patient as hollow, or as a therapist's formalistic concern. As I look back now, after so many years, I am convinced that my personal reveries enabled me to hear Henry's yearning to connect as well as his difficulties in doing so. Because my mind wandered among the memories, as well as the pain, of my own exploitative father, because my reveries slipped back to the school yard of P.S. 68 in the northeast Bronx and to my schoolmate George, who never spoke back to me, because my own mother had, at least, kept talking to me and because of my own therapeutic experiences for these, as well other reasons, I could be Henry's other side, metaphorically speaking. The side facing the world. The side he needed if he would ever be able to refine his own childhood and have some mastery over its events. I believe that empathy enables one to function, in a given case, in such a way.

Henry stayed another 2 years or so and left feeling more alive, less frightened and in better

command of himself. A year before he left, however, he said, rather blandly one day, that his mother had called and told him that the father he had not seen for years had collapsed in a small Vermont village, the victim of a sudden heart attack. Although I explored his possible feelings for the now dead father, Henry was not able to express any anger or grief, at his loss.

A year later he began speaking of ending treatment. I recall asking him how he would feel leaving therapy and our no longer working together. He knew that he was in a different place now than when we started and he felt good and was anxious to be on his own. He appreciated all the work that had been done. I knew that I would miss Henry, our years together had created a bond. His treatment, I have subsequently come to recognize, helped me enormously. It helped me to actualize what I somewhere inside myself already knew, that is, without the play of imagination translated into what we call technique, psychoanalytic treatment is a ritualized, if not dead, experience. Without an empathetic experience on the therapist's side a patient can, all too easily, be a stranger, locked away in his/her own history. Similarly a patient must bring an empathetic hearing of a therapist's words or they will be experienced as seeds dropping on rocky soil.

Notwithstanding any shortcomings on my part that I inevitably brought to Henry's treatment, I believe that my capacity to identify with him, to sense how wounded he was, created the good environment that Henry needed. Notwithstanding all of our work together, however, Henry left treatment, I believe, somewhat prematurely. He had little desire to go much further. I accepted his decision. His desire as well as his capacity to take fuller ownership of his life overshadowed whatever reservations I had. He left, as I have said, a more happy, warm young man. There were smiles where only bewilderment had been, color where before I had seen only pallor, personal ambition instead of isolating depression. He was living with a girlfriend at the time; the relationship was serious and satisfying. He called a number of months after he left, to tell me that he was getting married. I have not heard from him since.

Empathy alone did not cure Henry, but without it he would not have been able to use the therapy. Experiencing my wanting to reach him, Henry both wanted and was able to use the analytic playground of our therapy together. Any cure, which occurred, came out of that experience. Thinking about empathy, I would characterize it as a willingness to revisit the wounding experiences of our own lives in order to

find common ground with another. My own reverie and recollections, revisiting some of my childhood experiences with George in the schoolyard of my youth enabled me to find such a space where both Henry and I could walk.

Henry is part of my memories and my reveries while I am listening to others unfold their stories. I know, as I have just mentioned, that Henry helped me find myself as a psychoanalyst. As the days gather into years in his life, I hope Henry will be able to muse about his therapy and to revisit what was good in his childhood. In doing so, he will find himself once more. And if he has children, my sense is that he will be able to stand in their shoes, an experience so sorely needed in his own childhood.

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