

# Journal of Humanistic Psychology

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*Journal of Humanistic Psychology* 1999 39: 111

DOI: 10.1177/0022167899394007

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## THE REFINEMENT OF EMPATHY



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### Summary

This article traces refinements in empathic knowing, highlighting the phenomenon of deep empathy. Nine different levels or facets of the activity of empathic knowing are described. Included is discussion of therapeutic resonance, deep reactivity, and alterations in self-other boundaries. In recognizing his or her own underlying epistemic process, the therapist may be better able to appreciate, cultivate and deepen his or her own unique ways of meeting and understanding the client.

Empathy is almost universally considered central to therapeutic practice; it has also been described as the base for moral development (Hoffman, 1990) and may even be the trait that makes us most human (Azar, 1997). However, the quality and content of empathy varies tremendously from one person to another and from one moment to the next. This is largely due to differences in how one knows the other, that is, in the specific activity of empathic knowing.

Most of us have noticed that, when we pay attention and are simply open to the person in front of us, we come closer to understanding his or her experience. This is simple enough, although



*Journal of Humanistic Psychology*, Vol. 39 No. 4, Fall 1999 111-125  
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easily forgotten when caught up in the hurry of daily activity. But when the opening does occur, there are sometimes moments when understanding of the other deepens beyond what I can easily explain. I seem to experience the other's feelings directly in my own body or recognize patterns, history, or meanings that do not appear to come from interpreting the words and gestures that are exchanged. I remember this happening spontaneously in my first psychotherapy internship nearly 20 years ago, when I would experience an unusual connection with some clients. The moments seemed timeless, and the distance between us seemed to collapse. I recall a sense of the client and myself being in a kind of egg made of light. Later, I experienced the deep connection as an exchange, like spiral waves flowing back and forth. Later still, there was usually less awareness of the sensation and instead "just knowing."

Beyond the exceptional depth that this seemed to provide to the therapy, I came to rely on these connections as a kind of sustenance. It was the time when I felt most human, most intimate with the world, and I probably continued working as a therapist for many years because this provided a practice that brought my heart and wisdom to the surface. When the office door closed, I could often depend on a shift in knowing. The focus, attention, intention, and simple curiosity about what the meeting would bring helped to enable the contact.

In retrospect, I see that even the bread and butter of empathic practice, active listening, was like some martial art or Zen practice that absorbed my attention and allowed the world of my internal chatter to dissipate and my awareness of the other to expand. This experience fits with Tart's (1990) call for "everyday" awareness practices that are appropriate to our nonmonastic culture. In addition to the powerful benefit this empathy seemed to have on the quality of the client's experience and healing, the work of empathic therapy provided a type of mindfulness practice for me (see Schuster, 1979). The challenge may be to extend the practice outside the confines of therapy into all meetings with the world. And what this activity opened to was an awareness of interconnection and often a feeling of appreciation and love.

Initially, I found little in the therapeutic literature that identified this deep empathy, until I began to notice some descriptions by Carl Rogers and then a few others. I then found literature on numinous experiences that described a shift from logical extrapolation to a more direct and spontaneous knowing involving a transcen-

dence of the conventional subject-object dichotomy and alterations in one's experience of the self. Husserl (1929/1967) referred to this possibility as transcendental empathy. Others have hinted at it as authentic knowing (Puhakka, in press). I have discovered that many therapists with whom I have spoken have had similar experiences in and out of therapy. This article is offered as a sketch of this landscape, tracing the activity of knowing into deep empathy.

Empathy, despite having many shades of meaning (see Bohart & Greenberg, 1997; Gladstein & Associates, 1987, for good summaries), is generally conceived of as understanding and "feeling into" another's world. The process of empathic knowing is most often assumed to be dependent on two complementary functions: affective sensitivity and cognitive perspective-taking. The ability to listen for and be sensitive to emotional material is important in this knowing. As feeling capacity expands and skill at listening increases, the quality of empathy improves. Along with affect, taking another's perspective through projecting oneself into his or her shoes is typically understood as occurring by comparing one's own past experiences with the client's descriptions in order to infer what he or she might be experiencing. There is also increasing evidence and argument for the expansion of knowing beyond conventional conceptions. For example, many theorists have projected cognitive development beyond Piaget's formal operations (e.g., Commons, Richards, & Armon, 1984; Gebser, 1991; Hart, Nelson, & Puhakka, in press; Wilber, 1995). There has also been a renewed appreciation for feeling capacity and its intertwining with cognition (e.g., Goleman, 1995). If empathy is dependent on both affective and cognitive capacities, it is reasonable to consider the implications for higher order empathic potential.

## EMPATHIC FOUNDATIONS

From object relations theory to transpersonal psychology, there is a presumption that the newborn experiences the world in a preegoic fusion with the primary caregiver and the world at large. Hoffman (1990) refers to the capacity for empathic distress at this stage of development as *global* and suggests that the infant may "at times react as if what happened to the other happened to themselves" (p. 155). This is primitive empathic distress but not empathic understanding, in which there is both an experience and

cognition of the experience. Empathy involves both a perception of the other—empathic receptivity, sensitivity, awareness, listening with the “third ear” (Reik, 1948)—and an understanding of that perception (and often, to be most useful in therapy, a communication of it back to the client). One may, for example, pick up a strong sensation of the other but not recognize it as being the experience of the other person. On the other hand, one may have great interpretive capacity without much sensitivity and openness to another person. Or one may have an affective reaction and erroneously conclude that it is coming from the client.

There may be similar empathic fusion in adults who have unusually permeable boundaries and a symbiotic relational style (see Johnson, 1994). In conventional diagnostic formulations, this may occur with some regularity in Borderline or Dependent personality disorders. The symbiotic character style may “know” the other by introjecting, or swallowing whole, the other’s experience without digesting the experience so as to understand or appreciate it as the other’s.

As the self or ego differentiates, the child becomes aware of others as distinct from himself or herself and becomes capable of cognitive representation of them. As Hoffman (1990) describes, “the child may now begin to be aware that although he or she feels distressed it is not he or she but someone else who is in actual danger or pain” (p. 155). However, the *egocentric* or normal narcissistic nature of this knowing precludes the recognition of the other’s internal states (Zann-Waxler, Radke-Yarrow, & King, 1979, provide empirical evidence of this style).

As cognitive capacity develops, so does the ability for role-taking. “One becomes aware that other people’s feelings may differ from one’s own and are based on their own needs and interpretation of events” (Hoffman, 1990, p. 155). As one’s own range of feeling capacity is differentiated, there grows the capacity for empathy with increasingly subtle and diverse emotions. For example, a more nebulous appreciation of pain, characteristic of more primitive empathy, may be perceived as disappointment, longing, grief, and so on. Hoffman (1990) describes such *empathy for another’s feeling* as setting the stage for empathy for another’s life condition, in which the individual combines immediate affective response with a general representation of the plight of the other outside the immediate context (e.g., an appreciation of poverty or oppression). This is where the story of empathy in therapy really begins.

As mentioned above, most descriptions of empathy imply affective sensitivity and sophisticated perspective-taking enabled by formal operational cognition. Rogers's early descriptions capture the feel of this:

The state of empathy, or being empathic, is to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person, but without ever losing the "as if" condition . . . . If this "as if" quality is lost, then the state is one of identification. (Rogers, 1959, pp. 210-211)

Mahrer, Boulet, and Fairweather (1994) have referred to this style as *external* empathy, as the therapist recognizes but remains outside the experience of the other. Kohut (1984) suggests that empathy is to "think and feel oneself into the inner life of another person" (p. 82) through "vicarious introspection." As such, we know the other "because they are given to us in terms of the storehouse of images and memories that we have acquired through . . . our own introspection" (Kohut, 1980, p. 458). In describing this level of empathic knowing, Guntrip (1969) tells us that "our understanding is an inference based on our knowledge of ourselves" (pp. 370-371). Therefore, I know the other through comparing what I understand of his or her experiences to memories of my own experiences, a logical inference and extrapolation. This requires a clear separate sense of self as the therapist attempts to be an observer who compares what he or she imagines the client experiences to his or her own repository of similar experiences. Paradoxically, as Kohn (1990) points out, this type of empathic closeness is, in part, dependent on an ability to distance oneself from another so as to be able to observe him or her without distortion. Although this knowing seems safe and reasonable, its assumptions may limit empathic capacity. In addition, "there is real danger that one's cognitive and imaginative capacities will become so sophisticated that one has ceased sharing the experiences of real people" (p. 119).

## DEEP EMPATHY

In deep empathy, a line is crossed toward a more direct knowing of the other that is enabled by a postconventional epistemic process. The activity of knowing moves toward subject-object tran-

scendence or a loosening of self-other boundaries. I have outlined below several variations of the experience, although the distinctions between them are hardly sharp. In addition, the organization implies an increasing degree of refinement, but this is not to be taken as a purely linear or hierarchical progression. Emphasis on the “far reaches” of empathy should not diminish the importance of more inferential knowing.

As the distance between subject and object—between therapist and client—is reduced, there opens up the opportunity to know the client more directly. A therapist may attempt to “walk in the client’s shoes” (Cogswell, 1993; Mahrer et al., 1994) or may experience *inclusion* in the life of the other (Heard, 1993). This is not just an observation of the other followed by a comparison of his or her experience to one’s own history, as Guntrip describes above, but a movement of seeing the world through the eyes of the client while retaining one’s own identity. “The therapist senses what it is like to be where the person is, yet always maintains [his or her] own individuality” (Mahrer et al., 1994, p. 189). It involves going back and forth between sensing what it is like to be in the patient’s shoes and processing the material that is thereby disclosed (p. 189). Although the separate self is maintained, the intent is to open to the other. Buber (1988) described this as “a bold swinging, demanding the most intense stirring of one’s being into the life of the other” (p. 71). This is largely accomplished by a process of imagination and modeling, or mirroring the client to better experience what the world is like through his or her eyes. It involves “imagining what the client is wishing, feeling, and perceiving so vividly and concretely that you experience the existence of the client as your own while remaining in your own existence” (Heard, 1995, p. 251). A therapist may directly experience particular emotions, thoughts, and body sensations that seem to come from the client. One may, for example, feel the dissociated “fogging out” or rage of the client in his or her own body. He or she profoundly becomes participant-observer, attempting to walk with the client through his or her world space. A therapist using more conventional knowing may gain some similar understanding. The subtle but important difference involves the epistemic process at work—a logical inference as opposed to a more direct intuition in deep empathy. The potential for distortion and the basic confusion regarding “what is mine and what is theirs” is significant through-

out these facets, and it is necessary to constantly “check out” material with the client and “check in” with oneself (see Hart, 1997).

In empathic inclusion, it is quite natural to experience the unconditional positive regard, even love, that Rogers advocated so strongly. However, it begins to emerge not as a result of an attitude of practice, but as a consequence of knowing the other more directly. It may be experienced as an awakening of natural compassion (Dass & Gorman, 1985/1996) or as an opening of the heart chakra described in the tantric yogic tradition (see Nelson, 1994).

Rogers experienced this love or acceptance in moments of deep empathy with clients and understood the attitude of unconditional positive regard to be necessary for his style of psychotherapy. What he may not have realized as clearly was that this prizing emerged naturally as part of this deep empathic connection. This is precisely the experience of moving from “I-It” to “I-Thou” for Buber (1923/1958). The person-centered tradition of emphasizing unconditional positive regard in training therapists may be helpful; however, aspiring therapists may achieve greater success if training focuses on the process of knowing itself, out of which the love or prizing may grow organically and spontaneously.

Traditionally, a therapist’s own reactions have been seen as needing to be discarded and controlled so the therapist could view the other “objectively.” However, the possibility for empathic understanding through *deep reactivity* occurs when such reactions are allowed to be experienced fully and understood, at times, as representing a response that others may have toward the client or that the client may experience toward himself or herself. Therapists are often discouraged from being reactive to a client and encouraged to maintain the illusion of steady objectivity. Of course, sometimes a therapist’s reactions are countertransference projections and do need to be sorted out, or they will distort the empathic exchange and, if inflicted on the client, may be harmful. This whole process can be engaged in as a kind of awareness practice. Falling deeply into the scene, including experiencing our reactivity to the client, can fuel the immediacy and richness of the encounter. A microcosm of the client’s world may open up in this intersubjective space, and, if the therapist is able to maintain some awareness, he or she has the possibility of using his or her reactions as rich empathic information. Rogers (1980) (who strongly objected to the more traditional understanding of countertransference) describes the power of his own reactions:



When I can relax and be close to the transcendental core of me, then I may behave in strange and impulsive ways in the relationship, ways which I cannot justify rationally, which have nothing to do with my thought processes. But these strange behaviors turn out to be *right*, in some odd way. (p. 129)

Tansey and Burke (1989) describe Heinmann's (1950) view of the alternative epistemic process that is at work: "The analyst's unconscious understands that of his patient's on a much deeper and more accurate level than the analyst's conscious reasoning" (p. 23). The term projective identification has been used to describe this process, although the meaning of the term varies tremendously, largely depending on what epistemic means are assumed to be at work (see Reik, 1948; Scharff, 1992; Segal, 1964; Tansey & Burke, 1989). Scharff (1992) reports that in projective identification, her impressions or fantasies may be "elicited by [the other's] fantasies in unconscious communication" (p. 11). Segal (1964) understands that "in projective identification, parts of the [client's] self and internal objects are split off and projected onto the external object [the therapist], which then becomes possessed by, controlled and identified with the projected parts" (p. 14). This "possession" may describe just the quality of being carried along by or reacting in unexpected ways, as Rogers describes above.

This process can be understood through the concept of intersubjectivity as well as contemporary field theory. In such a view, "patient and therapist together form a psychological system" (Trop & Stolorow, 1997, p. 279). The therapist is able to make use of information in this system by gaining awareness of his or her reactions. This requires not a distant observing stance but another form of participant observation; the therapist enters the play rather than remaining in the background. Winnicott (1971/1996) tells us that "psychotherapy is done in the overlap of two play areas, that of the patient and that of the therapist. If the therapist cannot play he is not suitable for the work" (p. 54). Winnicott (1971/1996) refers to the area where genuine encounter takes place as "potential space." Similar spacial metaphors include Heidegger's (1964/1993) "clearing" and Buber's (1923/1958) "between." In this space, the therapist makes particular note of his or her own reactions to the client and then must extrapolate understanding from there, as Scharff (1992) describes: "Metabolizing my own experience . . . I arrive at understanding" (p. 12). To do so, Racker (1968) suggests that the therapist must "make himself [i.e., his own countertransference

and subjectivity] the object of his continual observation" (p. 132). This requires "continuity and depth of his conscious contact with himself" (p. 131).

On the surface, Rogers's early writings seem to presuppose a distinct subject-object knowing—the as if, as noted above. However, in other writings, he offered this understanding of empathy as a process rather than a state: "It means entering the private perceptual world of the other and being thoroughly at home in it . . . . It means temporarily living the other's life" (Rogers, 1980, p. 142). He moves from "as if" (an imaginative indirect knowing, a logical extrapolation) to actually entering the client's world through an act of *alignment*. In so doing, the self is used as an instrument, not just for analysis and distant sensory observation, but as a direct participant in the other's world. As the therapist enters deeply into the client's world, he or she experiences becoming the other and forming one merged self. Sterling and Bugental (1993) describe this also in clinical supervision, when the supervisor and the clinician experience "melding." The extent of the momentary collapse of the self and the degree of participation rather than observation is largely dependent on the therapist's ability to suspend his or her separate self. In Rogers's words, "you lay aside your self" (1980, p. 143). Whereas in the previous stages, the separate self serves as the reference point or reactor by which understanding of the other's experience is deduced, alignment can occur here because the other does not threaten the self as much. The self is not invulnerable, but our attachment to it diminishes. As ego defensiveness decreases, one is free to experience the other more directly and spontaneously.

This experience is sometimes described as a "fusion," "merging," or "melding" with the other, although it is important to distinguish between a preegoic fusion, such as Hoffmann's description above, and a transegoic fusion. Wilber (1982, 1995) refers to the blurring of these types of experiences as the pre/trans fallacy. Washburn (1995) suggests that the difference is one of mindless fusion (in the infant or regressed state) versus mindful fusion (in the transegoic experience). The potential for distortion, such as narcissistic projection or a kind of invasiveness, in this type of empathy is significant and is described elsewhere (Hart, 1997).

In this kind of alignment, Mahrer (1993) suggests that "the therapist literally enters completely into being the person" (p. 33). "Instead of being empathic with the person, you are fully being the

person. Instead of knowing the person's world, you are living it" (p. 34). You suspend your self-separateness and cross the threshold of subject-object dichotomy. Mahrer's method is one in which both therapist and client attend not to each other, but to a third center of attention, the client's problem or life situation. "The therapist [allows] what the patient is saying to come in and through the therapist" (Mahrer et al., 1994, p. 193). In another technique, Sprinkle (1985) "mentally views the client and [him]self as one personality" (p. 207). "When I mentally pictured myself as the client to focus on his or her concerns, I learned that various thoughts and images came into my awareness" (p. 206). The therapist describes what he or she senses, feels, and thinks through the client's viewpoint.

It is important to note that deep empathy is not a particular technique, but an activity of more direct knowing that involves a shift in being or consciousness. One technique or another may be helpful only to the extent that it engenders such a shift.

For some therapists, deep empathic experience does not involve a state of fusion but a refined sympathetic resonance (see Larson, 1987; Rowan, 1986; Sprinkle, 1985). The phenomenon of sympathetic acoustical resonance parallels empathic resonance. When two violins are located in the same room and a string is plucked on one, the string tuned to the same frequency on the other will also vibrate. In a similar phenomenon, therapists may find themselves particularly sensitive to certain information in the other, such as specific emotions, and quickly resonate with and recognize these sensations in the client. Some therapists may be sensitive to feelings in general, others to a wide range of experiences (e.g., thoughts, perceptual style, etc.). Others become skillful in tuning into relevant material in a variety of forms. This is not merely imagining, extrapolating, or interpreting cues; the epistemic process is more direct. Subjectivity is suspended in order to attune with the other. Gestalt therapy recognizes this as using the self as a "resonance chamber" (Polster & Polster, 1973, p. 18). Unlike the transient fusion in the experience of alignment, the phenomenology of *attunement* describes the experience of two selves connecting at a particular "frequency" of experience. Such models as field theory (e.g., Sheldrake, 1988; Smith & Smith, 1996) imply that we are connected already through a variety of fields (e.g., electromagnetic, psychic, etc.). In such a reality, it is not necessary to become

the other or move into his or her “space”; instead, one interconnects through a kind of frequency attunement.

Husserl’s (1929/1967) intersubjectivity names a general field or ground of subjectivity that is also part of our individual subjectivity. He referred to the authentic meeting in that space as transcendental empathy. And as Rogers (1980) concluded, it is not so much a state as it is a process. Deep empathy is “not a state of consciousness but an activity of awareness that can integrate states of consciousness” (Puhakka, in press). The duality of self and not-self shifts in such direct knowing into an intersubjective experience—what Thich Nhat Hanh (1995) names “interbeing,” which refers to the fundamental connectedness of all things. As Rogers (1980) described, “It seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes part of something larger” (p. 129).

As attunement refines still further, there is neither objective observation, nor seeing the world through the client’s eyes, nor reacting to, nor fusing with, nor attuning to. Instead, the center of perception seems to occupy multiple perspectives simultaneously. One seems to become the field itself while maintaining awareness, as there is less identification with the perspective of a single self or vantage point. “In order to see, you have to stop being in the middle of the picture” (Aurobindo Ghose, cited in Nelson, 1994, p. 311). This *witnessing* is often experienced with more emotional detachment. As an example, Myss (1996) describes her experiences as having the quality of “impersonal daydreams” (p. 2). She suggests that, “their impersonality, the nonfeeling sensation of the impressions, is extremely significant” (p. 2) as an indicator of the epistemic process of receiving information.

Phenomenologically, information is often encountered as if it were coming from another source, perceived as outside or deep inside; this is similar to the phenomenon of inspiration (Hart, 1998). Some describe this experience of knowing as tuning into the person’s higher self, which may be accomplished through asking oneself a simple question, such as: “How can I be of help to this person?” or “What should I be aware of?” Developmentally, this knowing may correspond to experiences of Rowan’s (1993) surrendered self and probably to the late psychic and early subtle stages of Wilber’s (1995) developmental model, although I will not elaborate these here. As the therapist opens to this field of consciousness,

other kinds of material become available (unexpected images, including possible archetypal themes, deep patterns, etc.) that may not be available to the client's immediate awareness. Empathic information may arrive in literal or symbolic form. As an example, with one client, a symbolic image emerged (before there was any content exchanged verbally) in which the paradox of the client's dilemma was represented as a frozen leaf that will shatter if it is touched but that remains lifeless if it is not. Although one may hypothesize origins and infer patterns in more conventional empathy, in this level of refinement, it becomes increasingly possible to recognize and appreciate multiple layers and patterns of experience intuitively and immediately. For example, the strong imagery and body sensations, so rich and available at previous levels, may be recognized as constructed phenomena or consequences that have roots in fundamental beliefs or patterns of thought. In this degree of empathic refinement, the therapist is less likely to be carried away emotionally as attention shifts from feelings and thoughts (although it can still include them) to more subtle and inclusive patterns that may underlie them.

## CONCLUSION

Empathy varies so much largely because of differences in the activity of knowing. As knowing stretches into more direct, less inferential modes, distance between ourselves and others diminishes, and the possibility of deep empathy opens. This not only benefits the therapy, as interconnection and therapeutic understanding becomes more precise, but such meeting may also provide an awareness practice and ultimately sustenance for the therapist in a profession that is noted for its burnout. As the practice of deep empathy is carried out of the session and into other daily activity, there may be a greater sense of interconnection with, and appreciation for, the world at large. I have tried to briefly sketch the subtleties of deep empathic knowing and, in so doing, acknowledge the experience of many therapists, hopefully opening this knowing for further discussion and exploration.

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