DEEP EMPATHY

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Most of us notice that when we pay attention and are simply open to the person in front of us, we come closer to understanding their experience. This is simple enough; although, for me at least, it can be easily forgotten when I am caught up in agendas and the hurry of daily activity. But when such an 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, histories, 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, when I would experience an unusual connection with some clients. The moments seemed timeless, light in the room changed, background sounds retreated, and the boundaries between us seemed to collapse. I recall a sense of the client and myself being in a kind of luminous egg. 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 sensations 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. At that time in my life, these were the moments when I felt most human, most intimate with the world, and I probably stayed 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, intention,

and simple curiosity for what the encounter would bring helped to engender genuine meeting; and as Buber (1923/1958) suggests, "All real living is meeting" (p. 11). 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, inviting an expansion of awareness.

Such experience is consistent with Tart's (1990) call for the development of "everyday" awareness practices that are appropriate to our non-monastic culture. In addition to the powerful benefit that this knowing provides to the therapeutic relationship, deep empathy may also serve as an opportunity for expanding the therapist's mindfulness or awareness (see Schuster, 1979). And once a level of proficiency is achieved in a session, the next challenge may be to extend the practice outside the safe confines of therapy into meeting the world at large.

Empathy is almost universally considered to be central to psychotherapeutic practice; it has also been described as the base of 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 and from one moment to the next. This is largely due to differences in how one knows the other, that is, differences in the specific activity of empathic knowing.

Empathy, while 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 common in this knowing, and as feeling capacity expands and skill at listening increases, the quality of empathy

improves. In addition, taking another's perspective is conventionally understood as projecting oneself into the client's shoes by comparing one's own past experiences with the client's descriptions in order to infer what he or she might be experiencing. We also know, as this book provides argument and evidence for, the activity of knowing stretches beyond conventional conceptions. For example, many theorists have projected cognitive development beyond Piaget's formal operations (e.g., Commons, Richards & Armon, 1984; Gebser, 1991; Wilber, 1995). There has also been a renewed appreciation for feeling capacity and the intertwining of affect and cognition (e.g., Goleman, 1995). If empathy is dependent on both affective and cognitive capacities, then it is reasonable to consider the implications for higher order empathic potential. This chapter offers a sketch of this landscape, tracing the activity of knowing into deep empathy. While the discussion focuses primarily on the therapeutic encounter, implications for deep empathy extend into any meeting.

Empathic Foundations

From object relations to transpersonal psychology there is a presumption that the newborn experiences the world in a pre-egoic fusion with the primary care-giver and the world in general. Hoffman 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" (Hoffman, 1990, p. 155). This is primitive empathic distress but not empathic understanding in which there is both an experience and an awareness of the experience. Empathy involves both a perception of the other--empathic receptivity, sensitivity, awareness, listening with the "third ear," and so forth--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 from someone else 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.

There may be a similar empathic fusion in adults who have unusually permeable boundaries and a symbiotic relational style (e.g., see Johnson, 1994). In conventional diagnostic formulations this may occur with some regularity in Borderline or Dependent personality disorders. Symbiotic character styles 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, and then proceed to project their own experience onto the other.

As the self or ego differentiates, the child becomes aware of others as distinct from himself or herself and becomes capable of cognitive representation. 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 some 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 capacity for empathy with increasingly subtle and diverse emotions. For example, a more nebulous sensitivity to another's pain, characteristic of more rudimentary empathy, may then be more precisely perceived as disappointment, longing, grief, and so forth. Hoffman (1990) describes such *empathy for another's feeling* as setting the stage for empathy regarding another's life condition in which the empathic individual combines immediate affective response with a general representation of the plight of the other outside the immediate context

(e.g., an understanding 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 also sophisticated perspective taking which is enabled by formal operational cognition. One of Rogers' 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 their experiences to my own (i.e., a logical inference and extrapolation). This requires a clear separate sense of self, against which I can compare my sense of the other's experience. This knowing is predicated on a split between self and other. The therapist attempts to be an objective observer who compares what he or she imagines that the client experiences to his or her own experience. 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 them "objectively."

While 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

At this point, a line is crossed toward a more direct knowing of the other that is enabled by a post-conventional epistemic process. The activity of knowing moves toward subject-object transcendence or a loosening of self-other boundaries. I have outlined several variations on the experience below, although the distinctions between them are not necessarily 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.

As the distance between subject and object--between therapist and client--is reduced, there opens up the opportunity to know the client more directly. Therapists may attempt to put themselves "in the client's shoes," as Mahrer et al. (1994) have noted, or may experience *inclusion* into the life of the other (Heard, 1993). This is not just an observation of the other followed by a comparison of that individual's experience to one's own, as Guntrip describes above; it is 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). While 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 in order to better experience what the world is like through their

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 the rage of the client in his or her own body, profoundly becoming participant-observer as the therapist attempts to walk with clients through their world space. The potential for distortion and the basic confusion regarding "what is mine and what is theirs" is significant throughout these stages and it is necessary to constantly "check out" material with the client and "check in" with oneself. See Hart (1997b) for an elaboration of distortions and dangers.

In empathic inclusion it is easier to experience the unconditional positive regard, even love, that Rogers advocated so strongly. However, with deep empathy love 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 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 person-centered psychotherapy. What he did not articulate 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 emphasis on unconditional positive regard in training therapists identifies an outcome or attitude but this does not necessarily mean that one will have such an experience. 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 or dominated so the therapist could view the other objectively. However, the possibility for empathic understanding through *deep reactivity* occurs when reactions are allowed to be experienced fully and understood, at times, as representing a response that other individuals 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 steady "objectivity." Of course, sometimes a therapist's reactions are projections and do need to be sorted out or they will distort the empathic exchange. 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 in which I can not justify rationally, which have nothing to do with my rational thought processes. But these strange behaviors turn out to be right, in some odd way. (p. 129)

Tansey and Burke (1989) elaborate Heinmann's (1950) view of the alternative epistemic process that is at work: "'the analyst's unconscious understands that of his patient' on a much deeper and more accurate level than the analyst's conscious reasoning" (Tansey and Burke, 1989,

p. 23). The term projective identification has been used to describe this process, although the meaning of this term varies tremendously, largely depending on what epistemic process is assumed to be at work (see e.g., Reik, 1948; Segal, 1964; Scharff, 1992; 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 [i.e., the therapist], which then becomes possessed by, controlled and identified with the projected parts" (p. 14). This "possession" is just the quality of being carried along, 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 hints at this when he 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" (cited in Davis & Wallbridge, 1981, p. 65). Winnicott (1971) refers to the area where genuine encounter takes place as "potential space." Similar spacial metaphors include Heidegger's (1977) "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, as Scharff (1992) describes: "Metabolizing my own experience . . . I arrive at understanding" (p. 12). In order 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).

In many of his writings, Rogers describes empathy as a process of moving beyond a sense of self-separateness: "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--an act of *alignment.* In so doing the self no longer serves merely as an instrument for analysis and distant sensory observation, but is 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. This has been described as "co-feeling" or "co-understanding" (Watkins, 1978). 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' words, "you lay aside your self" (1980, p. 143). Whereas in the previous stages mentioned 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. As ego defensiveness and fear decrease one is free to experience the other more directly and spontaneously.

This experience is sometimes described as a "fusion" or "merging" or "melding" with the other, although it is important to distinguish between pre-egoic (such as in Hoffman's description above) and trans-egoic fusion. Wilber (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 (in the trans-egoic experience) fusion. The

potential for distortion, such as narcissistic projection or a kind of invasiveness, in this type of empathy is significant (see Hart, 1997b).

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 patient's illness, 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) reports that he "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, consciousness, or awareness. One technique or another may be helpful only to the extent that they engender such a shift in the activity of knowing.

For some therapists, deep empathic experience does not involve a state of fusion but a refined sympathetic resonance (see e.g., 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 and sound the note. In a similar phenomena, 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). Others become skillful at 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 "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 through a variety of fields (e.g., electromagnetic, psychic). In such a reality it is not necessary to become the other or move into their "space," instead one interconnects through a kind of frequency attunement.

Husserl's (1929/1967) concept of intersubjectivity points to 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 as authentic knowing is "not a state of consciousness but an activity of awareness that can integrate states of consciousness" (Puhakka, in this volume). The duality of self and not-self shifts in such direct knowing into an intersubjective experience--what Thich Nhat Hanh (1995) names as "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 empathy 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 since there is less identification with the perspective from a single self or vantage point. "In order to see, you have to stop being in the middle of the picture" (Aurobindo cited in Nelson, 1994, p. 311). This *witnessing* is experienced with more emotional detachment, although it would be erroneous to confuse this with a distinct subject-object schism of more inferential or conventional empathy. 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 phenomena of inspiration (see Hart, in this volume). Some describe this as the therapist's higher self tuning into the client's higher self. This may be invited by simply asking a question to oneself: "How can I be of help to this person; 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. While one may be able to hypothesize origins and patterns in conventional empathy, in "witnessing" 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. The therapist is less likely to be carried away emotionally as the primary or exclusive emphasis shifts somewhat from feelings and thoughts to include the more subtle patterns that may underlie them.

As the gap between subject and object (or, self and other) is crossed and we become more available to the world at large, we may discover that our empathic meeting is not limited to the person sitting in front of us. For example, we may experience empathy for another at a distance, experience others that do not seem to be available to our senses, and open to the world in general.

The evidence of non-local influence suggests that our direct connection with another is not confined to physical proximity. That special relationship we seem to have with our sibling or old friend and the synchronistic events such as shared dreams or telesomatic experiences such as feeling your child's injury at a distance, provide anecdotal hints of non-local connection. From the fundamentals of quantum physics (e.g., Bell's theorem in which particles that have been in contact remain in communication even at a distance), to Sheldrake's field theory (1988), to shared dreams (e.g., Ullman & Krippner, 1989), to the effect of prayer on healing (Dossey, 1993), we find increasing support for the concept of non-local empathy. We can take this same principle out a bit farther and consider the experience of those who claim visitation by angels, hear voices of disembodied entities, and so forth. While validity claims and verification require a subtle science, this should not dissuade us from seeking evidence and understanding of the phenomena as some researchers have done (e.g., Alschuler, 1987; Leister, 1996; Nelson, 1990). Evidence suggests that such knowing may operate in a process very similar to deep empathy.

Finally, we discover that the world--from a plant, to our pet, to the planet--may be available to direct knowing. Nature mystics have described their deep understanding and love for the natural world. This may emerge, for example, as a sensitivity to certain plants or to the earth as a whole. To name just one example from the scientific world, geneticist Barbara McClintock described moments of contact with corn plants when she talked about "a feeling for the organism," and an "openness to let it come to you" (cited in Keller, 1983, p. 198). The rise in the environmental movement is in part a result of this expanded awareness and empathy.

Degrees of Complexity

The content revealed through deep empathy may take shape in varying degrees of complexity including: a vague sense, manifest form (discrete impressions), underlying structure (a merged complex), pattern (a complex in dynamic flow within a context), symbols (a unified representation or theme), energy (or energetic forms), and meaning. Following an empathic feeling with one particular client gives these facets some color.

As I sit with a young woman a *vague sense* of discomfort comes into my feeling awareness. As we both stay with this, a *form* becomes clear, in this case the form is a feeling of anxiety and terror. In addition to feeling, sensory impressions in empathy are not confined to the five senses but may include subtle variations and combinations that reflect an expanded sensory sensitivity. Temperature, balance, movement, and directionality are included and perceptual combinations often take shape as a transient synesthetic event where shapes, colors and feeling, or movement and sound, for example, are merged into one another. Initial sensations may be experienced through a particular sense modality (e.g., kinesthetic) and then move to a more synesthetic impression in which there is blended sensory perception.

Beyond sensory and feeling perceptions, thoughts may emerge as discrete words or more complex ideas. As one therapist described to me, "I sometimes 'hear' what the client is going to say before they say it, not just the general idea, but the exact phase. Other times words, names, or ideas seem to float in that seem to belong to the client." The *structure* of this specific feeling, thought, or image may come into awareness as a complex of feelings, sensations, and so forth. For example, the client's terror seems tied with feelings of inadequacy and existential responsibility; it draws the clients attention and provides a distorting center or anchor for her identity. The *pattern* of the feeling complex within various contexts (e.g., the historical replication of this terror in her life, a perceived karmic pattern, the origin and future potentiality or present consequence) may also become clear.

The pattern of one's "world space," or an overall conceptual schema may emerge. A therapist might experience directly (rather than as a logical deduction) not only discrete ideas the pattern of the thinking and meaning-making. Or said another way, the perception is of how the client constructs their mental world space. Their actions, beliefs, blocks, feelings, relationships, and so forth may make perfect sense given these mental patterns; in fact, they may be inevitable until this superstructure is modified. These are sometimes anchored by core beliefs (e.g., "I'm not good enough; I am unlovable") that have a tremendous density in the individual's mental space.

Symbolic representations of patterns and themes may emerge, such as the image of a frozen leaf that will shatter if it is touched but that will remain virtually dead if it is not moved from its situation. Symbolic impressions may often qualify as archetypal themes as well. These may also take the form of more abstract symbols of various sensory combinations--geometric shapes, movement, colors, and so forth that may be some combination of symbol and energetic

perception. There may be a symbolic or direct perception of the *energetic* experience of this feeling--in this case the terror manifests as a dense imploding mass the size of a baseball that is lodged in the abdomen and that seems to serve as an energy sink, sucking the person's vitality into it. Or thoughts may be perceived as having an energetic physical reality. Finally, there may be some sense of the *meaning* presented for all this material, often in the form of a lesson to be learned or a pattern of thinking or action that is to be overcome. The client is usually not aware of such meaning. This marks a distinction between empathizing with what is in the immediate experience of the other (this has been the focus of client-centered and existential therapies) and shifting to a source of empathic understanding that may not be immediately available to the client's awareness.

Knowing and Being

As mentioned above, deep empathy is not a technique but a way of being. Several qualities or dimensions that correspond with and seem to engender deep empathy are named in what follows.

In deep empathy there is a shift from the assimilating and categorizing of objects to a radical *accommodation* of the other (see Hart, 1997a). We move out of the steady mental processing of perceptions and thoughts, to meeting and receiving the other directly--a receptive mode as Deikman (1984, this volume) has named. Buber (1923/1958) tells us: "The relation to the Thou is direct. No system of ideas, no foreknowledge, and no fancy intervene between I and Thou" (p. 11). If we are preoccupied with thoughts of being an empathic therapist or trying to remember what the client said last time, we will distract ourselves from being fully present and making direct contact. This suggests that the degree to which we are *present* to the other and to ourselves will impact the meeting. As we deeply and simply attend to the other, we may be

absorbed in the meeting. Absorption has been identified with mystical and paranormal experience (see Nelson, 1990) because it permits a deep immersion in the field of experience. But while absorption enables rich experience, the information gained may not be easily used without *awareness***.** An ability to maintain awareness (e.g., see Varela, Thompson & Rosch, 1991) of our own processes, reactions, and those changes in the other, enables us to be immersed in the meeting and witness it immediately in succession or even simultaneously. Perhaps the most familiar way to describe these aspects of being is to speak of the capacity and willingness to *listen***.** Listening or paying attention permits empathy.

Deep empathy may involve both *reaching out* and *receiving in***.** Husserl describes an "emotive and cognitive reaching out to the other in a self-transcending empathic understanding" (Kohak, 1984, p. 206). We may intend ourselves to make contact and this willfulness to risk may move us near the other; but the shift to receive the other, to experience our interconnection, is more like a willingness than a willful intending or grasping. Receiving implies a temporary shift in cognitive style from mental processing or computing to receiving or allowing.

In deep empathy one opens the self to the other and transcends personal boundaries. Boundaries may be thought of as being more or less permeable or, as Hartmann (1984) has named, thick or thin. At the more permeable or thin end there is increased sensitivity that enables empathy as well as vulnerability. There are those individuals who find themselves particularly sensitive to the psychic distress of others, as well as those at the other end of the continuum who seem relatively impermeable, even impenetrable. Deeply empathic therapists have *permeable boundaries* and often are adept at regulating the degree of openness. And boundaries are not only between ourselves and another person but are also intrapsychic. Some

rejected aspect of ourselves may be "an other," part of our shadow, until it is empathized with, and eventually integrated.

Like the mystical encounter, deep empathy is regularly described as including a feeling of *love* or appreciation, and of riveting *genuineness* or realness. The cohorts of deep empathy include love (sometimes described as communion), realness or authenticity, a sense of appreciation, and an unconditional, non-judgmental acceptance. Again, this is the experience of moving from "It" to "Thou" for Buber. Simultaneously, mental processing and evaluating fades as we simply are present and open. Personas may then recede, since they are created and maintained by mental processing.

So far these qualities have, for the most part, invited depth. However, if our epistemic style is deeply accommodative, it is also *flexible***.** A particular empathic focus may enable us to tune into particular dimensions of the other, such as strong feeling or bodily sensations. However, the most useful therapy often involves not only empathic depth but also flexibility or range. The therapist may attend not only to the content itself but to the form or style that may be most relevant or understandable to the client. For example, insight into the origins of life scripts may be useful at one moment, deep feeling or pointing out a bodily sensation may be helpful at another. This is not figuring out what is best for the client but allowing our deep connection with the client and our sustained and dynamic awareness to accommodate to the client's needs.

It becomes obvious that what the therapist perceives is dependent on both the client and on the therapist. That is, the therapist's subjectivity serves as a perceptual and interpretive filter, although the degree and style of filtering may vary greatly from one person to the next. Awareness and steady deconstructing and refining of the filtering system fine-tunes empathic capacities (not unlike what Nelson is suggesting regarding the opening into mystical experience

as described in this volume). Perceptual and interpretive *discrimination* develops like any skill so long as the knowledge gained continues to inform the process of knowing itself.

Deep empathy emerges out of a natural *impulse toward deep contact* --to know and be known (Palmer, 1993). We see a dimension of the same impulse when we look at natural compassion (Dass & Gorman, 1985/1996), that may spill into social interest (Adler, 1929), critical consciousness (Friere, 1973) and prosocial behavior. Empathy emphasizes knowing where compassion implies an impulse toward mercy or service. Both spill from the same well of recognizing interconnection. And the "other" need not be a single person, but a group, a race, or nature as has been noted above. The extent to which we are able to recognize and be moved by this impulse within us will be reflected in our willingness for meeting.

Loosening up the *attachment* to and identification with the self enables genuine contact. It takes *courage* to risk exposing one's own being to the depth of another. Deep empathy can emerge because the other does not threaten the self as much, not that the self is invulnerable, but our attachment to it decreases.

Conclusion

I return to Buber's line that "all real living is meeting" and think of those times when I have been forced or been willing to meet the world on its own terms. These are the moments when life seems like it is actually being lived, rather than watched from the sidelines. This occurs when the other sneaks past the fortress of our categories and roles. It happens when we dive or are drawn into the other with clear eyes and ears, willing to be surprised by the pain, the love, and the mystery that may occupy the meeting. Such meeting necessitates the self being overwhelmed and forgotten, if only for a moment. And in that moment we transcend the confines of "therapist" and "client," "self" and "other."

All empathy is potentially transcendent in the sense that it takes us beyond ourselves, opening the possibility for uncovering and recreating ourselves with each meeting. As empathy stretches into the direct knowing of deep empathy the world falls onto our lap, or rather we tumble onto the world's lap. Beyond the benefits for the therapy, such meeting provides sustenance for the therapist in a profession that is noted for its burnout. As the practice of deep empathy is carried out into the streets of our daily activities, we have the chance to meet, to live, and to love the world as it is.

Note

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