

The Unknown and Empathy: Remaining in an Empathic Stance

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INTRODUCTION

Two strangers come together to facilitate the therapeutic process. In stepping into a mysterious arena, the analysand and analyst meet in the psychoanalytic treatment room. What expectations does the analysand have of the analyst? What does the analyst hope will happen through treatment? How does the analyst create an emerging psychoanalytic treatment that facilitates healing for the analysand? Through the connection between analysand and analyst, the analysand hopefully forms a healthier, vital, and more coherent self. One must ask how the analysand comes to feel more coherent? What are the essential ingredients of a “cure?” In seeking to answer these questions, I have focused this paper on the discussion of empathy. The paper provides a self psychological historical analysis of the concept of empathy. Through turning to the work of Sigmund Freud, Heinz Kohut, Ernest Wolf, Howard Bacal, and Richard Geist, I strive to describe the concept of empathy and discuss how empathy plays a vital role in the psychoanalytic process. I argue that the self psychological psychoanalytic value of empathy has profound and altering effects for the analysand and analyst.

THE EMERGENCE OF THE SELFOBJECT

How do our ontological values shape our theoretical and practical outlook on the world? Heinz Kohut, a 20th Century psychoanalytic thinker, questions what he describes as a Western ontological framework and Freud’s theoretical positioning. In Kohut’s essay, “Introspection, Empathy, and the Semi-Circle of Mental Health,” he challenges what he defines as the two highly esteemed Western values: knowledge and independence values:

...knowledge values and independence values have been the leading values of the psychoanalyst, and that they have guided him toward selective perception and selective action within the psychological field in which he has his home. It is not that I object to these values. Indeed, I subscribe to them. Yet, I believe that their unacknowledged influence distorts the depth-psychological scientist's perception and—here the effects are even more palpable—that their unacknowledged presence interferes with the analyst's ability to

allow his analysands to develop in accordance with their own nuclear programme and destiny... However great their importance for Western Man, they cannot serve as the ultimate guidepost by which the depth-psychological researcher evaluates Man and as the scale on which the depth-psychological therapist marks the goals and measures the degree of success or failure of the psychoanalytic treatment...¹

For Kohut, the values of knowledge and independence do not encompass the complex state of depth-psychology. If knowledge and independence values are not the ultimate guideposts for the psychoanalyst, what are the steering values? In navigating the complex inner nuclear program of the psyche, Kohut's work suggests that values of empathy, introspection, understanding, and explanation need to be additional guideposts in the field. In shifting from a drive based theoretical framework (classical psychoanalysis) to a selfobject based theoretical lens (self psychological psychoanalysis), the importance of empathy and introspection become focused concepts for discussion and critique.

In the move from an experience-distant practice (classical psychoanalysis) to an experience-near practice (self psychological psychoanalysis), some might say that the self psychologist differs from the classically trained analyst in his or her use of empathy. In Kohut's text, "How Does Analysis Cure?" he struggles to address the distinction between the classically trained analyst and self psychologist's use of empathy. In one place he writes: "(1) Is the empathy of the psychoanalytic self psychologist in essence different from the empathy employed by analysis before the advent of self psychology? (2) Do we achieve a cure via a novel kind of empathy? In the following, I will attempt to explain why my answers to both these questions are in principle in the negative."² Later on in the same text he writes: "I will not deny that these claims contain a modicum of truth."³ One must ask why the claim that the analyst's empathy looks different holds a modicum of truth. I argue that the new theories self psychology provides allow empathy to take a more vital role in the field than in classical practice: "Although self psychology must not claim that it has provided psychoanalysis with a new kind of empathy, it can claim that it has supplied analysis with new theories which broaden and deepen the field of empathic perception."⁴ Primarily the field of empathic perception is broadened and deepened through the concept of the selfobject. The values of independence and knowledge remain

¹ Kohut, *Introspection, Empathy, and the Semi-Circle of Mental Health*, 399-400.

² Kohut, *How Does Analysis Cure?*, 172.

³ *Ibid.*, 174.

⁴ *Ibid.*, 175

important, but values of interconnectedness, community, and emotional validity take center stage.

When we turn to Freud's papers, we see a psychoanalyst heavily influenced by Darwin. Freud sought to root psychoanalysis in biological drives. Yet Kohut still recognizes Freud and Breuer as pioneers for using empathy in the treatment room: "Introspection and empathy play thus a role in *all* psychological understanding; Breuer and Freud, however, were *par excellence* pioneers in the *scientific* use of introspection and empathy."⁵ One must ask what psychoanalytic tools Freud and Breuer used to create an empathic environment for the analysand. In response, I'd argue that with the idea of "free association" or "chimney sweeping," developed by Freud and Breuer, the analysand might feel empathically immersed in an environment of acceptance and recognition with the analyst. Before the analysis, the analysand might have felt as if they could never express what was going on in their mind to others. But through free association, the analysand might feel that he or she is empathically connecting with the analyst and able to share what typically remains hidden. However, Kohut draws a distinction between the empathy of the classical analyst and the self-psychological analyst through his formulation of guilty vs. tragic man. Kohut points out that a Freudian psychoanalysis leads to a psychology rooted in drives, creating a guilty man: "Self-psychology has freed itself from the distorted view of psychological man espoused by traditional analysis because, having accepted the fact that the field-defining observational stance of introspection and empathy is absolute and indeed axiomatic, it does not pose as biology or psycho-biology but accepts itself as psychology through and through."⁶ Freud's desire to connect psychoanalysis to biological roots leads to a psychology grounded in the ego, and does not allow for the self. In not allowing for the self, classical analysis and self psychological empathy differ dramatically.

HESITATIONS WITH EMPATHY AND INTROSPECTION

Kohut writes extensively on empathy. While empathy is a crucial trademark for psychoanalytic practice, not all self psychologists are willing to admit to the scientific importance of empathy and introspection. Kohut acknowledges the reluctance in the field to

⁵ Kohut, *Introspection, Empathy, and Psychoanalysis—An Examination of the Relationship Between Mode of Observation and Theory*, 464.

⁶ Kohut, *Introspection, Empathy, and the Semi-Circle of Mental Health*, 402.

admit that introspection and empathy are the field's modes of observation. One must ask why? To explain the reluctance, Kohut suggests that there are obvious sociocultural factors at work. In admitting that the use of introspection and empathy are vital modes of observation for the psychoanalyst, the psychoanalyst becomes "mystical," "non-Western," or "anti-scientific." Kohut argues that while the labels create some reluctance, most reluctance comes from admitting to the feelings of helplessness and anxiety that arise when we say introspection is a critical mode of observation:

Perhaps the dread that causes the defensive neglect of the fact that introspection is such an important factor in psychoanalytic fact finding is the fear of helplessness through tension increase. We are used to a continuous draining of tension through action, and are willing to accept thought only as an intermediary to activity, as a delayed action or trial action or planning. Introspection seems to oppose the direction of the current by which we achieve tension relief and may thus add the general dread of passivity and tension increase to the more specific fears that are created when the uncovering of repressed content is in the offing.⁷

Kohut transforms the common definition of introspection. He transforms a word typically seen as passive to a word linked with "tension increase." Introspection allows for tension. In entering into a state of introspection, feelings of helplessness and anxiety arise within the analysand and analyst. Yet, the tension that arises in allowing introspection is not the sole source of dread for the analyst. Instead, Kohut is pointing towards the ideal that in seeing introspection as a critical tool, the analyst must question what role immersion plays in the psychoanalytic sphere. Where does introspection fit in with immersion? If introspection has limits, how do these limits impact the analyst's immersion with the analysand?

In looking at the relationship between immersion and introspection, the limits of introspection must be defined. In deepening and expanding one's knowledge, one opens up to "the uncovering of repressed content." Through the tool of introspection, anxiety creeps in within contained limits. Kohut acknowledges that introspection has limits: "The limits of psychoanalysis are given by the limits of potential introspection and empathy...Introspective science must, however, acknowledge the limits beyond which the observational tool does not reach and must accept the fact that certain experiences cannot at present be further resolved by the method at its disposal."⁸ Although psychoanalysis allows the individual to expand their knowledge of themselves, one's attempt at uncovering the inner workings of their psyche is

⁷ Kohut, *Introspection, Empathy, and Psychoanalysis—An Examination of the Relationship Between Mode of Observation and Theory*, 465-466.

⁸ *Ibid.*, 481-482.

limited. Through opening up the inner workings of the psyche, feelings of anxiety seep in when we are living in a place of unconcealment.⁹ With introspection, one must learn how to trust his or her anxiety in some rather dark areas. In trusting the anxiety that arises, the analyst is immersed in all areas with the patient. The analyst walks with the analysand into the areas of unconcealment through free association. The analysand does not come into treatment able to free associate. The command to say anything that comes to mind is highly anxiety provoking and commonly analysands will say they have nothing to say or do not know where to begin talking. In many cases, the patient opposes free association: “The patient opposes free association for fear of the unconscious contents and of their derivatives, and the process of analysis is resisted because it takes on the meaning of forbidden masturbation fantasies, aggressions and the like. There seems to be, however, a more general resistance against the psychoanalytic method which expresses itself in highly rationalized ways: a resistance against introspection.”¹⁰ The “resistance against introspection” that Kohut addresses is something inherent in human nature. In seeking to open up our selves, our Being, we must allow introspection to take place. In asking, how does the analysand begin feeling comfortable unconcealing, we are led to the importance of empathic immersion in the psychoanalytic treatment room. If the analyst does not create an empathic milieu at the beginning of treatment and remain in an empathic stance throughout treatment, then the analysand will continue to strongly oppose free association. However, if the analysand feels a sense of recognition, connection, and acceptance from the analyst then free association will become more natural. In creating an empathic milieu together, both the analysand and analyst are allowed to enter into a place of unconcealment. Self psychology stresses the relational connection between analyst and analysand. It is not only the analysand who free associates in the treatment room but also the analyst. Additionally, the analyst does not create the empathic milieu alone but with the patient.

⁹ I’m using the term “unconcealment” in a Heideggerian sense. In Heidegger’s *Introduction to Metaphysics*, he discusses the relationship *Dasein* has to concealment and unconcealment: “...*phusis kruptesthai philei*: Being [emerging appearance] intrinsically inclines toward self-concealment. Being means: to appear in emerging, to step forth out of concealment – and for this very reason, concealment and the provenance from concealment essentially belong to Being” (121). In Heidegger’s account, the individual inclines towards self-concealment. His philosophical account of “unconcealment” provides an explanation for why introspection contains limits. The tool of introspection contains limits because we natural gravitate towards “self-concealment.”

¹⁰ Kohut, *Introspection, Empathy, and Psychoanalysis—An Examination of the Relationship Between Mode of Observation and Theory*, 465.

THE BEGINNING OF TREATMENT

In creating an empathic stance throughout treatment, the beginning of treatment is critical. The beginning of treatment is full of many mixed emotions: “No period of treatment is fraught with such a vacillating admixture of anxiety, hope, concern, optimism, skepticism, suspicion, confidence, and risk than the beginning phase of psychoanalysis or intensive psychoanalytic therapy. It is, after all, the beginning of an unnatural relational encounter between two strangers, and a tenuous slipping and sliding toward the co creation of something new and usually unpredictable.”¹¹ Geist’s language is beautiful. The analysand and analyst slip and slide together into new and unpredictable areas of one another’s psyches, into new areas of unconcealment. The slipping and sliding can only co create something healthy through empathy.

As the analysand begins sharing his or her experience, the analyst must not be dismissive or overly general. E.S. Wolf calls attention to the importance of creating an analytic ambience where the analyst allows the analysand’s experience to live in the treatment room:

Since the purpose of the analysis is to analyze the analysand one has to *start* with analyzing the patient's experience of the analyst and of the analytic situation, that is, the analytic ambience as experienced by the analysand. Therefore, in clinical practice, it becomes incumbent upon the analyst first to accept and confirm the patient's experience as legitimately occurring before proceeding to understand it and to subject it (and the patient) to a dissecting kind of scrutiny. To start by questioning another's experience per se, for example, to suggest he is “really feeling or thinking something else,” is to question another's sanity or honesty.¹²

The analytic ambience must be filled with understanding, empathy, connectedness, and introspection. Wolf highlights these ideas in his essay, *Ambience and Abstinence*. In creating an analytic ambience, listening is a key ingredient.

LISTENING, OPTIMAL FRUSTRATION, AND OPTIMAL RESPONSIVENESS

Listening is required to create an optimal analytic ambience. Kohut notes, that as simple as listening sounds, listening simply is not easy: “It is a *struggle* to listen, one I believe inherent in the effort to sustain our engagement in our mode of observation in locating the terrain of psychoanalysis, “psychic reality as the decisive kind.” I believe this struggle must be

¹¹ Geist, *Who are You, Who am I, and Where are We Going*, 2.

¹² Wolf, *7 Discrepancies between Analysand and Analyst in Experiencing the Analysis*, 90.

emphasized.”¹³ Just as it is a struggle to listen, it is also a struggle to empathize. Listening and empathizing go hand in hand. Kohut notices that: “Listening requires a humility, a modesty, a recognition that we have only our own truth, our own vantage point”¹⁴ Empathy recognizes that we also have our own truth and in order to understand another individual, we must feel into their experience and acknowledge their unique vantage point in its singularity.

As the analyst listens and empathizes with the analysand, misunderstanding always seeps into the relationship, and misunderstanding is not necessarily bad: “The analyst’s communication to the patient of his more or less correct understanding of the patient’s inner life is optimally frustrating in either event. It is *frustrating* because, despite the analyst’s *understanding* of what the patient feels and his *acknowledgment* that the patient’s upset is legitimate...the analysts still does not *act* in accordance with the patient’s needs.”¹⁵ There appears to sometimes be a disconnect between action and empathy. There is an inherent space of unknowability in psychoanalysis as both individuals are attempting to communicate. In this sense, it is clear that things will remain concealed. If everything were unconcealed then misunderstanding would not arise: “Misunderstanding is inevitable because two people perceive the same situation with differing points of view from different vantage points with different affective reactions and therefore have a different experience of what is going on. It is not a question of who is right and who is wrong. They both are. It is the discrepancy in subjectivities that matters and must be analyzed, that is, must be understood by both.”¹⁶ The discrepancy between subjectivities is highlighted throughout the analytic process. When empathy is present the discrepancy between analyst and patient becomes better understood. When the analytic ambience is one that is not zero degrees but full of life, paradox, and tension, operating in an empathic milieu, optimal frustration freely occurs while the analysand begins to feel more coherent.

In Kohut’s *The Restoration of the Self*, the term “optimal frustration” asserts itself as a critical piece within the analytic treatment. Yet, in Howard Bacal’s essay, “Optimal Responsiveness and the Therapeutic Process,” he challenges the term optimal frustration. In response to Kohut’s optimal frustration, he develops the term optimal responsiveness: “*optimal responsiveness*, defined as the responsivity of the analyst that is therapeutically most relevant at

¹³ Kohut, *On Empathy*, 172.

¹⁴ *Ibid.*, 173.

¹⁵ Kohut, *How Does Analysis Cure?*, 103.

¹⁶ Wolf, *7 Discrepancies between Analysand and Analyst in Experiencing the Analysis*, 90.

any particular moment in the context of a particular patient and his illness. Empathy or vicarious introspection is the process by which the therapist comes to understand the patient by tuning in to his inner world. Optimal responsiveness, on the other hand, refers to the therapist's acts of communicating his understanding to his patient.”¹⁷ The term presents the importance of the analyst’s acts towards the analysand. The analyst must show the analysand that they understand him or her. The analyst must not only come to understand the analysand but act on their understanding of the analysand. Throughout the process of optimal responsiveness, the analyst must remain in an empathic stance.

WHAT IS EMPATHY?

So far I have been discussing empathy indirectly throughout the paper. Now I’ll turn directly to the work of Kohut, E.S. Wolf, and Geist to discuss what empathy looks like for all three thinkers.

Kohut:

Kohut defines empathy in many different ways throughout his work, but one definition found in “How Does Analysis Cure?” works well to provide a Kohutian definition of empathy:

1. Empathy is the operation that defines the field of psychoanalysis. No psychology of complex mental states is conceivable without the employment of empathy. It is a value-neutral tool of observation which (a) can lead to correct or incorrect results, (b) can be used in the service of either compassionate, inimical, or dispassionate-neutral purposes, and (c) can be employed either rapidly and outside awareness or slowly and deliberately, with focused conscious attention. We define it as “vicarious introspection” or, more simply, as one person’s (attempt to) experience the inner life of another while simultaneously retaining the stance of an objective observer. When defined in this general way...the claim that self psychology has introduced a new kind of empathy in psychoanalysis cannot be supported.¹⁸

In using language like: “the operation that defines the field of psychoanalysis,” it appears that Kohut is attempting to show the scientific validity of empathy. In common vernacular, people are not quick to describe empathy as an “operation,” but tend to see it as a bit more “fluffy” of a term. Also, with language like “value-neutral,” one will see Wolf later picking up similar language. Kohut importantly notices that empathy does not necessarily lead to correct results. Also, if the analyst employs empathy rapidly or is over the top in their use of empathy, the analysand can feel overwhelmed by the analyst’s display of empathy, the empathy has to be

¹⁷ Bacal, 202.

¹⁸ Kohut, *How Does Analysis Cure?*, 175.

employed deliberately. A rapid display of empathy simply is not empathy. As the analyst employs empathy, Kohut asks the analyst to remain as an objective observer, something Geist does not suggest. Analysts must simultaneously acknowledge the subjective experiences and feelings of their analysands while objectively observing the inner mental state of their analysands through using theory. According to Kohut, the analyst must be empathic yet must move beyond empathy: “If they cannot be empathic, they cannot observe and collect the data which they need; if they cannot step beyond empathy, they cannot set up hypotheses and theories, and thus, ultimately, cannot achieve explanations.”¹⁹ From this passage, one recognizes that Kohut is not advocating for empathy to be seen as the cure. Empathy is not the only thing necessary in analysis, but is still critical for the analytic ambience.

Kohut’s work can be critiqued for being at tension with two differing ideas. First, the idea that empathy is a data-gathering activity and the second idea being that empathy produces a therapeutic effect, a cure. In his last essay, *On Empathy*, Kohut starts off: “There is another reason why I want to go back to empathy – namely, that I have a sense of responsibility about the abuse of this concept. The fact again that people have acted as if I were abusing it makes me go up on a high horse, and say, “These idiots, they don’t read what I write!”... They will claim that empathy cures. They will claim that one has to be just “empathic” with one’s patients and they’ll be doing fine. I don’t believe that at all! What do I believe?”²⁰ Kohut clearly says he does not believe that empathy cures in *On Empathy*, and yet a paragraph in “Introspection, Empathy, and the Semi-Circle of Mental Health,” leads one to question his beliefs:

As an information-collecting, data-gathering activity, empathy, as I have stressed many times since 1971, can be right or wrong, in the service of compassion or hostility, pursued slowly and ploddingly or 'intuitively', that is, at great speed. In this sense empathy is never by itself supportive or therapeutic. It is, however, a necessary precondition to being successfully supportive and therapeutic... I wish that I could stop my discussion of empathy as a concrete force in human life at this point without having to make one further step which appears to contradict everything that I have said so far, and which exposes me to the suspicion of abandoning scientific sobriety and of entering the land of mysticism or of sentimentality... I must now, unfortunately, add that empathy per se, the mere presence of empathy, has also a beneficial, in a broad sense, a therapeutic effect—both in the clinical setting and in human life, in general.²¹

Empathy is a required precondition for a successful therapeutic treatment. And outside of the psychoanalytic treatment room, empathy produces a therapeutic effect when the mother is able to

¹⁹ Ibid., 303.

²⁰ Kohut, *On Empathy*, 123-124.

²¹ Kohut, *Introspection, Empathy, and the Semi-Circle of Mental Health*, 395-397.

look into the eyes of her crying daughter and acknowledge her singularity and tears. The mother's empathy produces a therapeutic effect but does not cure her daughter of her pain.

One concept that can help illuminate the idea that empathy provides a therapeutic effect is disintegration anxiety. Kohut defines disintegration anxiety as follows: "Disintegration anxiety means that loss of empathy, the loss of an empathic milieu, the loss of an understating milieu, not necessarily of the correct action, but the loss of any understanding. There are children with horrible mothers and fathers, misunderstanding their kids, reacting to them in horrible ways...but the worst suffering I've seen in adult patients is in those very subtle, and difficult to uncover, absences of the mother – because her personality is absent."²² When one lives in an environment where others make no attempt to understand them, one feels as if they are misunderstood, profoundly alone, and the overwhelming feeling of loneliness is enough for one to feel fragmented, depressed, and absent from themselves and others. When the individual is then exposed to an analysand (over a sustained period of time) who recognizes them in their singularity, in their loneliness, the analysand comes to feel more whole. Empathy produces a therapeutic effect but does not necessarily cure the analysand. The analysand will need to explain their history with loneliness and feelings of loneliness, not only feel understood by the analyst in order to achieve coherency. One always desires to return to an empathic milieu once an empathic milieu has been lost, one wants to return to the feeling of being at home. Disintegration anxiety explains the sentiment of feeling alone and without a necessary empathic milieu. (One must recognize that there is a difference between purposefully placing oneself in a position of being alone and feeling lonely.)

For Kohut, empathy must be understood in the context of the understanding and explaining phases of treatment. Kohut defines the understanding phase as follows: "In the understanding phase, the analysts verbalizes to the patient that he has grasped what the patient feels; he describes the patient's inner state to the patient, thus demonstrating that he has been "understood," that is, that another person has been able to experience, at least in approximation, what he himself experienced, whether, for example, the experience in question is one of inner emptiness and depression or of pride and enhanced self-esteem."²³ In the understanding phase, the analyst acknowledges the analysand in their singularity. The analyst feels into the analysand.

²² Kohut, *On Empathy*, 127.

²³ Kohut, *How Does Analysis Cure?*, 176-177.

Empathy serves as the catalyst towards understanding the analysand. While the explaining phase might sound at first far less empathic, Kohut provides a distinct emotional shift from the understanding to explanatory phase:

Formerly, the analyst had simply shared with the patient his grasp of what the patient experienced. Now, in moving toward the greater objectivity embodied in his explanations, however, the analyst provides the patient with the opportunity to become more objective about himself while continuing to accept himself, just as the analyst continues to accept him in offering the dynamic and genetic explanations. The movement toward greater objectivity during the analysis should therefore be seen as a sign of developmental progress; it parallels the replacement of one selfobject experience with another, namely, the replacement of an archaic selfobject experience by a mature one, the replacement of a merger experience with the selfobject by the experience of empathic resonance from the side of the selfobject.²⁴

The analysand progresses in the move from the understanding to explaining phase. Yet in both phases, the use of empathy is critical. Kohut suggests that there is a move from low to high forms of empathy in the shift from the understanding to explaining phase: "...I believe that the move from understanding to explaining, from confirming that the analyst knows what the patient feels and thinks and imagines (that he's in tune with his inner life,) and the next step of giving of interpretations is a move from a lower form of empathy to a higher form of empathy."²⁵ One way I reason through Kohut's distinction on low and high forms of empathy is the connection between reason and emotion. In the explaining phase, the analysand must be empathically attuned to the patient while providing a theoretical background for his or her comments, while in the understanding phase theory seems to take less of an important role. Yet, in both stages, the understanding and explaining phases, the analyst must show him or herself self empathy. If the analyst does not allow him or herself to make mistakes, if they must see themselves as the "infallible analyst" then the analysand will not be able to accept their own mistakes. Throughout the understanding and explaining phases self empathy is paramount.

Finally, for Kohut one must be a mature narcissist in order to be empathic. Kohut defines the characteristics of mature narcissism as – creativity, empathy, transience, humor, and wisdom. How does empathy fit in with narcissism? For Kohut, the empathetic mature narcissist sees the world as an extension of him or herself, and recognizes how his or her experiences are similar to others.

Wolf:

²⁴ Kohut, 185.

²⁵ Kohut, *On Empathy*. 128.

In *Treating the Self*, Wolf explains Kohut's ideas on empathy. In the text he writes in great depth on empathy:

The trained analyst, guided by his extensive knowledge of himself and of his analysands, gathered over a long period of time, uses awareness of his own introspectively obtained mental state as the springboard for conclusions about the analysand's mental state... This is the process of what Freud called *Einfuehlung*, to feel oneself into another – what we call empathy – and it yields the specifically psychoanalytic data.²⁶

The use of the phrase “psychoanalytic data” connects Wolf to Kohut. He also mirrors Kohut in not dismissing Freud but in reflecting and building off from Freud. One way in which I see Wolf deferring from Kohut but not necessarily disagreeing with him is through his focus on the analyst's knowledge of himself in the first sentence.

Wolf defines empathy as having a triple function: “...it defines the depth psychological field, it is a process of data collection, and it is a self-sustaining experience, for the analysand.”²⁷ Like Kohut, Wolf again clings to the idea of empathy being a “process of data collection.” Later on in the work, Wolf makes empathy a “relatively neutral activity:”

Empathy is a relatively neutral activity, in that it aims to understand whatever is going on in the other without major participation in the other's experience. To be more precise, “neutral” here means that the therapist maintains sufficient emotional distance to keep his judgment from being clouded by feelings.... The therapist has to partake minimally in the patient's feelings, enough to know what it is that the patient is experiencing.²⁸

While I think Kohut would agree with the above claim, Wolf's work seems to discuss more of the analyst's own emotional state in relationship to the analysand. Wolf is using the analyst to feel into the patient but the analyst does not carry all of the analysand's burdens. Although “emotional distance” might sound cold, I don't think Kohut's explaining phase of treatment would be possible without some “emotional distance.” Wolf's work suggests that if the analyst does not keep enough of an emotional distance from the analysand, he or she will be “clouded by feelings,” unable to maintain a critical eye for perception, the explaining phase might never then exist. Also, Kohut acknowledges that the empathy used must neither be overwhelming nor the same for each analysand. Wolf agrees with this idea of Kohut's through his ideas on the analytic ambience. Both Kohut and Wolf highly value empathy as an analytic tool but neither would ever

²⁶ Wolf, *Treating the Self*, 18.

²⁷ *Ibid.*, 34.

²⁸ *Ibid.*, 37.

say empathy alone cures. Additionally, Kohut and Wolf create a distinction between the self of the analysand and analyst, while Richard Geist seems less likely to create the distinction.²⁹

For Wolf, the psychoanalytic ambience is vital in explaining empathy. In his essay, “Ambience and Abstinence,” Wolf looks at how the ambience of the analytic situation frames the interpersonal relationship between analyst and analysand: “The psychoanalytic situation is experienced by the participants as a total configuration of the surround, which I will designate as the psychoanalytic ambience. We characteristically describe the polar extremes of this ambience in such terms as tense vs. relaxed, warm vs. cold...in other words, of how either participant experiences the psychoanalytic situation.”³⁰ The ambience is not something the analysand alone feels and creates, but the ambience is co-created by the analyst and analysand. Now, how does the idea of abstinence fit in with the ambience? Wolf supports the idea that the analytic sphere is not one of total abstinence; the analyst should never seek to deprive patients of all gratifications, that would be anti-therapeutic: “It is the patient's need for affirmation, a variety of mirroring, that would be gratifyingly responded to by the therapist's caring interest and attention.”³¹ In responding to the needs of the analysand, the analyst is remaining in an empathic stance, creating a healthy analytic ambience.

Geist:

Wolf’s ideas on ambience connect to Geist’s thoughts on remaining in an empathic stance. Geist outlines three ways in which remaining in an empathic stance is vital for treatment:

First, sustained empathic immersion, in my experience, creates a much more powerful bond between patient and therapist than does experience-distant listening.... Second...remaining in the shifting sands of empathic immersion facilitates the patient's feeling deeply understood and thus fosters the capacity to experience a selfobject failure within the context of a relationship... Third, remaining in an empathic stance enables the analyst to become acutely attuned to the multiplicity of his own internal states as they relate to a specific patient.³²

As Geist writes about remaining in an empathic stance, he recognizes that the analyst enters into the analysand’s own subjective experiences. Additionally, in the third reason, Geist’s language shifts from a Kohutian idea of “data collecting” to seeing empathy as a: “continual and mutual

²⁹ I will elaborate on the benefits and dangers with each position in my next section, *Geist*.

³⁰ Wolf, *Ambience and Abstinence*, 102.

³¹ Wolf, *On Being a Scientist or a Healer*, 126.

³² Wolf, *Empathic Stance*, 13-15.

process that occurs between patient and therapist.”³³ The mutual notion of empathy allows the patient to look into and connect with the analyst’s personality. If the analysand is unable to connect with the analyst, then the range of emotion and communication the analysand can share with the analyst will be limited. When empathy is seen as a mutual process, the idea that the analyst is only acting sympathetically towards the analysand disappears because both are engaged in a relationship of mutual recognition and connection: “It vitiates the idea of empathy as belonging to a one person psychology by including the subjectivity of the analyst as an important part of the empathic process; it eliminates epithets such as “nice,” “compassionate,” “kind,” and “sympathetic” from the empathy lexicon; it allows a deeper understanding of healing as an emergent property of the empathic patient-analyst system...”³⁴ Geist language allows one to feel the connection between analyst and analysand, with phrases like the “empathic patient-analyst system.”

Geist differs from Kohut and Wolf in his formation of the concept of empathy through his discussion on connectedness. Geist turns to Kohut’s work on empathy and expands and differs from Kohut’s ideas in, “*Connectedness, Permeable Boundaries, and the Development of the Self*.”

In *The Restoration of the Self*, Kohut (1977) suggested that empathy was a psychological nutrient as important to psychological life as oxygen was to biological life (p. 253). What has not been emphasized sufficiently when we allude to this now well-known analogy is that just as oxygen both surrounds us and is experienced as part of us, that form of empathy which sustains connectedness requires an interpenetrating mutuality. In this sense, empathy is not only intersubjective and co-created, it is a form of bidirectional merger (Geist, 2007)...each member of the analytic dyad imaginatively uses heart, mind, eyes, and ears not only to sense how each is experiencing and organizing his or her subjective world and one's place in it, but also to imaginatively allow the patient's and analyst's understanding to become a felt presence in each other's lives.³⁵

In the above passage, there is more of a focus on the analyst than in Kohut and Wolf’s work. While all three analysts would agree that empathy is necessary in order to live, especially with Kohut’s ideas on disintegration anxiety, the “felt presence” Geist describes seems like new language. Geist continues to discuss the analyst’s own empathic feelings:

More important, however, from the perspective of permeable boundaries, as the analyst's self shades into the patient's organization of experience, the analyst's empathy with his own mistakes is experienced by the patient as part of herself, and they facilitate the patient's increasing empathy with herself. It is this self-empathy that becomes so important in the therapeutic journey because it

³³ Geist, *How the Empathic Process Heals*, 2.

³⁴ *Ibid.*, 3.

³⁵ Geist, *Connectedness, Permeable Boundaries, and the Development of the Self*, 135.

is extremely difficult to process emotional experience without the capacity to be empathic with oneself.³⁶

The self empathy Geist describes appears to be a new and beautiful concept. I find the concept connecting to Kohut's ideas on optimal frustration and Wolf's ideas on misunderstanding. Geist's "writing suggests that the analyst must be able to empathize with his or her own mistakes because the patient experiences those mistakes as being a part of themselves. If the analyst is constantly ignoring his or her own mistakes, then the patient will as well. Also, in accepting one's mistakes the analyst reaches a place of self-empathy, an imperative part of therapy because one must learn how to be empathic with oneself in order to express empathy towards another individual."³⁷

One new concept Geist provides that seems to differ from Wolf's neutrality and empathy is connectedness: "Connectedness...refers to a consciously or non-consciously felt sense of sharing and participating in another's subjective emotional life while simultaneously experiencing another as participating in one's own subjective life."³⁸ How does Wolf's empathy differ from Geist's connectedness? Wolf must say the analyst seems to run the risk of being "clouded by feelings" in Geists account of connectedness. Geist writes: "...true healing requires connectedness; we must as analysts and therapists allow ourselves to become part of the water, to connect in a way that facilitates and permits our patients to experience us as a felt presence in their lives."³⁹ Geist wants to "jump in the water" with the analysand. Kohut and Wolf also want to "jump in the water," but their jumps look different from Geist's. For Kohut and Wolf, they jump in not only wanting to understand the analysand, but also wanting to explain through an empathic milieu. Geist's writing leads me to believe that the explaining phase disappears in his treatment room.

"A similarity between Geist's connectedness and Wolf's empathy is the importance of empathy and connectedness in the formation of the self. Geist sees a vital connection between connectedness and a healthy self-organization."⁴⁰

³⁶ Ibid., 146.

³⁷ Whitnah. *The Overstimulated and Overburdened Self Meets the Understimulated Self: Empathy, Connectedness, Compassion Fatigue, and Psychoanalysis.*

³⁸ Ibid., 130.

³⁹ Ibid., 133.

⁴⁰ Whitnah. *The Overstimulated and Overburdened Self Meets the Understimulated Self: Empathy, Connectedness, Compassion Fatigue, and Psychoanalysis.*

What allows the therapeutic evolution of a healthy self-organization—with its enduring sense of personal agency, continuity through time and space, stable self-esteem and sense of well being, unitary mind and body vitality, functional soothing and regulatory capacities, and the ability to seek out meaningful others with whom to share selfobject responsiveness and mutual intimacy—what allows this evolution is a connectedness between an empathically responsive analyst and patient that fosters a second developmental opportunity.⁴¹

An empathic milieu allows an individual to develop a higher sense of self-esteem and a new self-structure. Empathy must be treated as a critical value in the psychoanalytic practice.

Empathy is vital for healing. Geist does a beautiful job of outlining seven different intersubjective areas of healing: “rekindling of thwarted developmental needs; repairing intersubjective disjunctions; corrective emotional experiences; expansion of emotional convictions or internal organizing principles; interpretative understanding; heightened affective moments; and transmuting internalizations.”⁴² In order for the healing process to occur, Geist sees the processes’ foundation rooted in empathy. Geist recognizes that empathic connectedness between analysand and analyst must be re-established each session because this leads to re-vitalized feelings of presence, aliveness, and connection. Additionally, sustained empathic immersion in the treatment room allows for continuity, the connection between analysand and analyst is re-established each session. And within the continuity between sessions, the analysand must be willing to show their own vulnerability and acknowledge their own areas of failure. For Geist, the analyst does not operate and will never operate as an independent entity out to interpret an analysand. As the analyst recognizes their errors, they allow the analysand to recognize their own errors. From these interactions, the analysand and analyst become more empathic towards him or herself. Geist supports the idea that the analysand and analyst play an equally important role in the empathic process.

Geist does away with a Kohutian idea of the analyst being an objective observer. Instead, Geist points to one of his clients, Jen, to show how the analysand wants to know the analyst’ own inner workings: “Jen confirmed that, “Unless I feel I know you, I can’t feel safe enough to let it happen, to let my feelings take over. “ Here we witness first hand how important the dialogic part of the empathic process becomes—the active invitation to the patient to know our subjectivity, our beliefs, our theory, our personality before she risks exposing or rekindling her

⁴¹ Geist, *Connectedness, Permeable Boundaries, and the Development of the Self*, 129-130.

⁴² Geist, *How the Empathic Process Heals*.

longings.”⁴³ Geist highlights the dialogic and mutual nature of the empathic process. In order for the analysand to feel and know, the analysand must feel like they can know the analyst. Through the empathic process, the selves of both the analysand and analyst are strengthened. And yet, one must ask if any or what dangers arise when the analyst no longer remains an objective observer. Do some analysands prefer having their analyst remain more as an objective observer? In response, I’d argue that some analysands might resist Geist’s mode of treatment because they might feel as if they need more of a sense of boundaries. They might not feel comfortable “slipping and sliding” to the extent that Geist is discussing. However, for other analysands they might want to feel like they are “slipping and sliding” with Geist in the treatment room, like Jen. While analysands might prefer different modes of empathic immersion with their analyst, empathy still remains a life giving force both inside and outside of the psychoanalytic treatment room. Remaining in an empathic stance is vital for the development of a healthy self.

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⁴³ Ibid., 14.

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