Empathy and Affects: Towards an Intersubjective View

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Although Heinz Kohut was by no means the first to make empathy a crucial construct in psychotherapy theory, it was his advocacy of the empathic method and his definition of "vicarious introspection" that led to the eventual emergence of a new set of postulates that promised better therapeutic results, particularly with narcissistic clients. For Kohut not only linked empathy to introspection, anchoring it to a long-standing philosophical position, but viewed it as the therapist "walking in the moccasins of another." Such empathy projects "into" rather than "onto" as it focuses on subjective experience.

In his pioneering essay on empathy, Kohut (1959) made it clear that empathy was a method for accessing a client's world of experience. Empathy was a "mode of observation attuned to the inner life of man" (Kohut, 1982, p. 396). It was "an investigatory stance" (Stolorow, 1993) that was the "quintessence of psychoanalysis" (Kohut, 1982, p. 398). But as Brandchaft (1988) commented at the Eleventh Annual Conference on the Psychology of the Self, Kohut's later writings conflated two distinct meanings of empathy, where empathy as an investigatory stance became combined with the idea of empathy as affective responsiveness and bonding.

To avoid the confusions of such a conflation, Stolorow suggests restricting the meaning of empathy to the core concept of "sustained inquiry" (1993, p. 32), and use other terms to describe the broader (and intersubjective) features of the empathic experience. Such a strategy makes sense given the limitations inherent in trying to define (objectify) a process. It also should be noted that

terms such as "mode of observation" and "investigatory stance" tend to be skewed towards being the view or activity of the therapist, whereas, the final determination of whether the experience is empathic is the client's.

The thesis being proposed is that when Kohut's (1959) view of empathy as a mode of observation as seen through Tomkin's (1962, 1963, 1991, 1992) theory of affects, becomes compatible with Bacal's (1985) notion of optimal responsiveness and leads to an intersubjective view of empathy (Atwood and Stolorow, 1984; Stolorow, Brandchaft and Atwood, 1987; Stolorow and Atwood, 1992; Orange, Atwood and Stolorow, 1997) -- rather than empathy as solely the intrapsychic experience of the client. We shall (1) begin with empathy as an understanding attunement, (2) see empathy as differential affective responding, and (3) examine empathy as responding to the specific affects of fear, distress, anger and humiliation.

1. Empathy as an understanding attunement

With his precise definition, "vicarious introspection," Kohut attempted to clean up the "fuzziness" of the concept of empathy that has long plagued the psychotherapy field. Clearly he separated empathy, an investigatory approach, from the concept of intuition which he saw "in principle [un]related to empathy" (1971, p. 302) and closely associated with unresolved grandiosity, magical thinking and a wish for omniscience (1977, p. 304). Significantly, he thinks that successful psychotherapy decreases intuitiveness and increases a client's capacity for empathy. More importantly, empathy can't be equated with intuitiveness because intuition points to a quality

of the therapist rather than the empathic experience of the client. From Kohutian and intersubjective perspectives, better therapeutic results occur when the notion of empathy as a personal quality is abandoned.

Kohut's definition of empathy as vicarious introspection, also prevented the concept from evolving into an explanation for everything - and, thereby, nothing. Yet, with its emphasis on data gathering, Kohut's concept of empathy may be viewed incorrectly as a cognitive process that ignores affects, if an undue emphasis is placed on Kohut's "understanding and explanation" as the two major phases of a self psychologically guided psychotherapy.

Perhaps concerned that his concept could be mistaken as emphasizing a cognitive process, Kohut (1975) expanded the meaning of empathy to include the qualities of bondedness and nutrience. In referring to empathy as a bond, Kohut followed the same line as Loewald (1960) and Balint (1968) who could not envisage knowing a person without having an experience of being "in-tune." As Kohut (1984) says, such attunement consisted of the "empathic resonance between self and selfobject" (p. 76). Such a shift away from empathy as an investigative stance was inevitable because of empathy's inherent need for an intersubjective process.

The concept of empathy as attunement is also emphasized in the work of Stern (1985) and those who observe the early development of infants. Through use of two film cameras and a split screen that captures the faces of a mother and infant at play, Stern (1977) demonstrated an "affective engagement" where each matched the other's direction of emotional change when either increasing or decreasing the engagement. And in a convincing experiment Ekman (1983) taught professional actors a series of facial movements that reflected affects. When these actors were asked to relive these affects, the changes in the facial-muscle patterns resulted in measured changes in the actors'

autonomic nervous systems. These experiments, in conjunction with other infant observational studies, suggest that two persons are able to become attuned through a process of unconsciously imitating each others facial patterns and, in so doing, experience the other's affective state.

2. Empathy as differential affective responding

Once we concede that empathic attunement entails affects, we can see how empathic understanding inevitably involves some form of responding. In an important paper, Howard Bacal (1985) made the convincing argument that it was the therapist's responding to the client that was the key ingredient in the development of new self-structures, not the optimal frustration of drive, as Kohut had retained from Freudian theory. Bacal's term "optimal responsiveness" seems close to what I mean by empathic responsiveness, although, his meaning of "optimal" needs explicating. To Bacal, "optimal" means the response that most suits developmental capacity and selfobject needs (Shane and Shane, 1996, p. 38), which becomes more specific and concrete when utilizing Tomkin's affect theory. For, if a therapist's responding is crucial to the client's experience of empathy, empathy is not just the client's perception alone, but an experience in which the internal experiences of the client form the final criterion for the client's value of the interaction. The criticalness of responding shows, for example, when a therapist detects a client's fear, yet responds to this fear in such an anxious way that the client experiences the therapist's exacerbating response as unempathic. Empathy involves more than sensitive investigation, it also is effective responding.

Kohut (1996) proposes a model for the empathic responding of a healthy mother to her infant's fear: The mother feels a little anxious, realizes there is nothing to feel anxious about, calms herself, picks up and holds the infant - creating a mother-infant unit - and restores a calm state in the infant (p. 360). Compare a mother's calming response to one where the mother's fear escalates with the

infant's fear and, consequently, the infant experiences the mother as unempathic. In such a unempathic experience the mother understands the infant's state but is unable to respond in an appropriate way.

Kohut's example of fear, an affect, points to the role of affects in empathic experience. According to Basch (1983), an affect is "the reaction of the subcortical brain to sensory stimulation" (p. 692). In defining an affect this way, Basch cites the pioneering work of Silvan Tomkins (1962, 1963, 1991, 1992) who believes there are nine discrete, inherited programs located in the brain's limbic system and linked to distinctive facial muscle patterns, autonomic nervous system stimulation, bloodflow, respiration and vocal responses. Following Darwin's hint (1965), we combine the negative affects of shame, disgust and dismell (Tomkins analog for "bad smell": see 1991, p. 21) into a humiliation complex. Clinical experience has shown that close attention to Tomkins' positive affects of interest and joy, and his negative affects of fear, distress, anger and humiliation, is necessary in working with clients with self-disorders.

3. Empathy as responding to fear, distress, anger and humiliation

An examination of the negative affects of fear, distress, anger and humiliation, show how differential responding to these affects contributes to the client's experience of being empathically understood.

(a) fear and distress.

With fear it is the therapist's ability to counterbalance the client through calming and not the prolonged synchronous reverberations of sharing in the fear, that client's so often report as being

empathic. In contrast, attempts to calm a distressed client, a complementary response, may be experienced as being non-empathic. This may be because crying, as one of the most reliable signs of distress, and as an essential part of the process of grieving, needs to be allowed to run its course and not be soothed away. In grief work, as Bowlby (1980) emphasizes, it is not so much the crying itself, but a facilitating context in which crying and distress behaviors are encouraged (p. 228) (also Glick, Weiss and Parkes, 1974, p. 56), a synchronous response, that clients report as an empathic experience.

The importance of a synchronous response to distress was made by Bowlby's (1980) studies on grieving. He considered "the enjoinders of relatives and friends [to the grievers] that they pull themselves together and stop crying" (p. 227) a non-facilitating context and an obstacle to the grieving process. In contrast to such prohibitory injunctions, the customs of many cultures facilitate the synchronous crying of relatives and friends. In the Warramunga tribe in Australia, for instance, Durkheim (1915) describes mourning men and women as weeping, wailing loudly, and lacerating and/or burning themselves (p. 436). These cultural practices suggest that it is the mutual participation of the sufferers in the grieving event that facilitates coping with distress and suffering. Such a synchronous response is similar to Kohut's notion of a twinship experience. When a participating experience of suffering occurs, viewed by Freud as compassion or "suffering with" (Strachey, 1957), a client experiences the therapist as being empathic.

If client fear needs the complimentary response of calming, and distress needs a participating, synchronous response, a therapist's ability to distinguish between them becomes important for the client's experience of empathy. This difference may be noticeable, for example, in new clients whose anxieties recede as bonding occurs, and those clients whose sense of discomfort and misery never seems to recede, in fact, becomes greater as bonding takes place. With these latter clients, a

therapist's overt attempts to sooth their distress by recommending such procedures as breathing exercises, hugging, or Reiki enrage them if such soothing attempts are seen as avoiding sharing in their distress.

Ms. D, for example, was a client who presented with a series of minor complaints. When some of these were successfully resolved, I noted that others took their place. So I shifted focus from the client's avowed need to solve problems, to the perspective that the presenting issues were symbols of an underlying distress the client was enduring. For the next eight sessions I participated in the client's seemingly endless miseries and endured them, as did the client. The client then shifted her focus to her family status as the unwed middle daughter and the family expectation that she not marry but take care of her European-raised parents in their old age. Her verbalizing the burden of her role, lessened her feelings of distress, and eventually, led to a decision to date men.

The need for differential responding to fear and distress if the therapist is to be experienced as empathic, confirms Tomkin's contention that each affect forms a discretely organized system located in different parts of the limbic brain. In contrast, a concept of a homogeneous system of affects is not supported by the clinical evidence, nor by the brain's neural architecture. The concept of "getting in touch with feelings" seems derived from the James-Lange theory of a general affective response (James, 1890), a view that Tomkin's has spent his professional life successfully demolishing.

Complicating the therapist's ability to discern between fear and distress are the clients who manifest both, although one often eventually emerges as a client's primary concern. With clinical experience, a therapeutic skill in differentiating between fear and distress can be developed. But the ultimate position of knowing which affect is primary comes from the responding of the client to

the therapist in an intersubjective context. When a therapist gives either a synchronous or a complementary response but is experienced as unempathic, the therapist shifts to the other mode in an effort to find what may be experienced as empathic.

With both fear and distress the key issue is excessiveness. When clients present for psychotherapy with fear as their primary affect they do so because they experience it as excessive. The calming, soothing function of the therapist as discussed by Tolpin (1971) is to reduce the fear to an acceptable level, but not to eradicate it. Plato had a similar view in his Protagoras when he mentions two inscriptions in the temple of Appolo at Delphi - "know thyself" and "nothing too much." MacLean (1990, p. 6) suggests that the second maxim should be translated as "nothing in excess."

The goal of an optimal level of fear is supported by the results of some well-known research in psychology on animals that led to the Yerkes/Dodson (1967) principle: that there is a curvilinear relationship between fear and learning. This means that with no fear there is little, if any, learning. Then as fear increases, learning does until the apex of the curve is reached, after which as fear further increases, the learning declines. This curvilinear relationship suggests that there is an optimal range of fear which has an evolutionary survival value. Such a curvilinear relationship between fear and personal growth is also supported by the view of Klein (Grosskurth, 1986, p. 191).

A curvilinear relationship is also found between fear and task performance (Mandler and Watson, 1966) and fear and healing (Florell, 1971). Florell, for example, documented that orthopedic surgery patients who were encouraged to share their concerns the night before their pending surgery, were more anxious preceding the surgery, but in post-surgical measures, were less

anxious, needed less pain medication, had less lines of nurses notes, and were discharged a day earlier, compared with clients who were not seen and did not share their anxieties about the impending surgery. This treatment seems to have been successful because it raised the client's pre-surgical fear to an optimal level.

The positive function of optimal fear may be paralleled by distress. Some distress and suffering may be necessary to help transform old grandiose expectations into qualities that enrich our humanness (Kohut, 1966). So, both fear and distress at optimal levels seem to be necessary for adaptive living. What is different about them is the way they are attenuated if they become excessive. With fear, attenuation may occur better from a complementary response; with distress, modulation may better come from a synchronous response where "a trouble shared is a trouble halved."

b. Anger.

The unique qualities and distinctive way of functioning of each affect becomes even clearer with the affect of anger. Physiologically the affect of anger acts as an accumulator. Anger functions this way because, of all the affects, its neural stimulation atrophies the slowest. So, if a series of small incidents stimulate the amygdala, neural excitation increases when the rate of stimulation exceeds the attenuation rate of previous stimulations. Hence, a large number of small regular irritations can eventually provoke the kind of rage that is normally associated with a major wounding. This concept of anger as an accumulating affect is important because once anger, an affect, exceeds a certain threshold, and triggers what Lachmann (1997) calls "eruptive aggression," a drive, working with potentially violent clients may become perilous.

With non-violent clients, the presence of anger calls for an empathic response. According to Tomkins (1962), in Freudian theory, a confusion between the affect of anger and the aggressive drive led to interpreting a client's depression as a repressed drive. This drive-focused interpretive approach, often experienced by a client as non-empathic, led to the partial fragmentation of the client and created anger as a "breakdown product" (Kohut, 1971). The most important feature of anger is not its capacity to be repressed, but its ability to accumulate. Accumulating anger that is repressed is dangerous, not repression itself.

As with the affects of fear and distress, low ranges of anger may be a valuable motivator for both individuals and society. For example, a cold and angry Stuart Diver, the Thredbo (Australia) landslide survivor, (Melbourne Herald-Sun, 27/08/97) said to himself while trapped under concrete slabs and with his dead wife beside him, "You bastards, you've killed my wife, the most precious thing to me in the world, so you are not going to get me."

Clients in psychotherapy who express excessive anger, need the anger attenuated. Such attenuation is usually not achieved either by a synchronous focusing on the anger itself, nor by a complementary focusing on something positive, as if anger is shameful and needs avoiding. Anger needs a searching for the triggering stimuli (signs) that careful attention to the clinical material usually reveals. Such a search involves the recognition of triggering patterns that have been repressed or disavowed. Making such a search assumes a non-radical constructionist position regarding reality (Gill, 1994). Radical constructionism assumes there is no objective reality but what is created by the client. In contrast, the non-radical view believes there is a reality, but what we experience is a construction or modification of that reality. This non-radical constructionist view, compatible with the contextualist assumptions of intersubjective theory, means that the client

doesn't have anger without the involvement of the context in which he lives. Exploring the client's context for triggers reflects this constructionist view.

Helping clients with overstimulated anger involves both free association and interpretation with a view to locating the features of situations that trigger a client's anger. So, if the therapist's response to fear is to sooth, and to distress, to share, the response to anger is to search for and perceive triggering patterns, thereby attenuating the level of stimulation and giving the client a greater sense of control. This search for releaser patterns in the client's context, whether the "in here" of the therapeutic relationship or the "out there" of other relationships, repeated many times, leads to the attenuating of anger to a lower, optimal range through an increase in a sense of control, and to a more cohesive self.

(c) Humiliation.

An empathically experienced response to humiliation
ultimately involves an uncovering of shame, disgust and dismell. The uncovering attenuates the humiliation, however, only if it takes place in a context that is nonshaming. When such a non-shaming, uncovering process takes place the shame-ridden client feels empathically understood. As shaming seems to be the gateway into this complex, we explore further the affect of shame.

In Tomkin's (1963) view, shame is a silent, background affect. Shaming, the reverse of mirroring, (Kohut, 1971), may be used adaptively in an optimal range to shape persons for functioning in ways acceptable to both family and society. Experienced excessively, however, shame acts like an acid on self-esteem, making a person self-fragmentation prone. Despite excessive shaming, a shame-prone person manages to retain some self-cohesion through the

avoidance of self-assertiveness, but is left more fragmentation-prone than a person whose shame remains within the optimal range.

Shame is connected to a person's ideal. With Mr. M, a single young man with "relationship problems," an idealizing transference to his female therapist formed after about dozen psychotherapy sessions. Once Mr. M experienced an increased sense of aliveness, he talked about his fear of dependence on his girlfriend and his mother, which the therapist eventually interpreted as his enjoying their relationship but feeling shame because he needed it. He felt shame because he was not living his ideal of being strong and autonomous.

In his theoretical advances, Kohut (1971) revealed how the ideal of autonomy formed a part of the grandiose self. Recently, Orange et al. (1997) clarified that Kohut had confusedly conflated two types of grandiosity: archaic expansiveness and defensive grandiosity. They agree with Kohut that the lack of mirroring of archaic expansiveness results in deflation and feelings of shame that are then disavowed and split off. They also see the ideal of self-autonomy as part of a defensive grandiosity. As they say, "A defensive self-ideal is established, representing a self-image purified of the offending affect states that were perceived to be intolerable to the early surround" (p. 80).

A gradual exploration of Mr. M's belief system led to the realization that it involved the unworkable vision of an atomized society of strong individuals. As Mr. M accepted some of his dependency needs, he experienced less sense of shame from being in psychotherapy.

For shame-prone persons, shame is usually hidden behind a deeper "vertical split" (Kohut, 1971, 1977) than in the example of Mr. M. Deeply disavowed shame needs the eventual uncovering of the belief system that generates shame when self-needs do not match these ideals. The difficulty in

such an interpretive approach is that interpretations presented when the therapist is not empathically in-tune with the client, may increase the client's shame and so deepen the vertical split. Moreover, a direct interpretation of the affect of shame generally does not attenuate the client's excessive shame responses. So, seeking to understand a client's organizing principles that cope with shame may be the only effective way for shame-prone clients to experience empathy.

Even so, one of the characteristics of split-off shame is that it seeks concrete expression. Mr. C is a client whose shame-proneness was "monopolistic" (Tomkins, 1992). After Mr. C had obtained an excellent academic record at high school, his ideal view of himself as an exceptional student was exploded when other university students challenged him and made him feel helpless because he lacked concrete knowledge to support his position. After this he began to develop files of articles, book summaries and newspaper clippings as a defense against being shamed. This "library," a grandiose undertaking, ultimately led to a massive hoarding problem involving 100s of boxes of unfiled material that so cluttered his small apartment that he could scarcely move.

When Mr. C eventually expressed how ashamed he felt of this "mess," the therapist suggested that Mr. C had shown how shame overwhelmed him by creating concretely and externally his internal state. The mess derived from his shame, rather than the shame from his mess, although the mess magnified the shame that already existed and thereby set up a closed system of reinforcement called "reciprocal determinism" (Bandura, 1978). When such concrete expressions of shame are understood and interpreted as communicating an internal state, and not responded to with moral condemnation, or with pragmatic concern, shame becomes attenuated and the need for further concretized communications of shameful messes diminish. Such interpretations may be experienced as empathic.

Concluding remarks

A client's negative affects of fear, distress, anger and humiliation need different responding if a therapist is to be experienced as empathic. Fear may need a complementary, soothing response; distress may need a synchronous, sharing response; anger may need an exploratory response to recognize triggering patterns; and shame may need an uncovering, interpretive response to the client's idealized beliefs that produce the shame and the concretizations that express it.

Tomkins negative affects have been presented singularly for didactic clarity. They are often so merged into a negative affect complex and difficult to distinguish, that only by careful listening can an empathically experienced response be attained. This demonstrates that empathic understanding involves a process of responding and counter-responding which then leads further into the concept of intersubjectivity, the interplay between different organized subjectivities.

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