Empathy is Not Enough

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Dimensions of Empathic Therapy

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Consider the following two vignettes, the first psychotherapeutic, the second spiritual.

1. Imagine that as you are taking a leisurely stroll you observe a man running into the street and crashing into a slowly moving car. It would probably seem shocking at first and at the very least self-destructive. It would appear that he was trying to hurt or destroy himself. You might ask yourself a variety of questions as you contemplated this incident. What was troubling him? Was he depressed? Angry? High on drugs? Hallucinating? Suicidal? Most people would probably agree that he was attempting to cope with a great deal of suffering.

2. A man went to a talk that Gandhi gave with the goal of killing him. Moved by the power of Gandhi's teachings, he shelved his plan. After the talk he prostrated himself in front of Gandhi and told him of his original plan and his subsequent change of heart. Gandhi's response to this man, a potential assassin, was: "How are you going to tell your boss about your failed mission?"

It might change your reaction to the first vignette to know that many years ago in the middle of a therapy session an anxious and troubled man in his late twenties whom I shall call Roger, informed me that he felt "dead like a mannequin." Later in the session he suddenly had the fantasy of crashing through the window of my first floor office and running into the street and knocking into a car. I remember asking myself what function this might serve him in relation to his experience of himself, which aided me in wondering if he was trying to save and heal rather than destroy himself. I then asked him if knocking into the car would create sensation and if sensation (even accompanied by severe injury or pain) would make him feel alive and if aliveness (with the risk of physical endangerment), was preferable to feeling "dead like a mannequin." It is a question that the concept of empathy, by which I mean attempting to understand something from within rather than outside a person's own subjective psychological frame of reference (Kohut, 1959), enabled me to formulate. Empathically immersing myself in his experience and trying to see it from his perspective, rather than superimposing an externally-based theoretical explanation—such as his "suicidal" fantasy was caused by anger turned

inward—helped me wonder if physical contact (knocking into the car) was a means for Roger of attempting to feel real and alive. His subsequent reactions to my speculations opened productive areas of investigation along these lines as he elaborated on how and why he felt "psychologically dead."

From Carl Rogers to Heinz Kohut, empathy has enjoyed a highly valued status in western psychology. Empathy, like health or peace, seems like an unqualified virtue. When empathy is present in a human relationship, like in the story about Gandhi's response to his assassin, then bridges of emotional understanding can be built across the chasms that ordinarily separate people. Profound compassion can often then flower. When empathy is absent from a relationship, such as in an authoritarian regime or in any relationship (including a therapeutic one) in which one person relates to another without reference to that person's own sense of themselves, prejudices may play a more prominent role and the door is opened to potential misunderstanding, scapegoating, and even oppression.

Empathy has been important to me personally and professionally—opening up deeper understanding and connections with friends, family, colleagues, and patients. It is also vital, in my view, to the therapeutic process. It serves as a doorway into the differently organized and sometimes foreign psychological worlds of patient and therapist. Sustained empathetic immersion in the experience of a person in therapy facilitates the unfolding, illumination, and transformation of the person's subjective world (Atwood & Stolorow, 1984). Empathy fosters the development of a more meaningful emotional bond between the patient and the therapist. As the patient feels emotionally understood by the analyst, s/he increasingly trusts that vulnerable emotional needs and experiences will eventually be understood in depth. This encourages the patient's sharing of formerly hidden and shameful experiences. Illuminating the meaning of the patient's experience also makes possible a different present, the analyst as an understanding presence. New ways of relating to self and others are made possible. The patient gradually internalizes the analyst's empathic stance, by which I mean, the former views his or her own experience with greater understanding and acceptance rather than miscomprehension and contempt. The capacity for empathic self-observation replaces the conditional acceptance of one's caregivers.

In this chapter I shall argue that empathy is an essential although insufficient facet of the treatment process in psychotherapy. It is essential because it fosters a safe, trusting therapeutic environment and opens up the possibility of deeper levels of understanding and compassion between patient and

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therapist. Empathy is insufficient because it omits certain vital facets of the therapeutic process, particularly what I term the patient's efforts at self-creation in the present (Rubin, 1998). Self-creation has two dimensions: the person's own responsibility for

1. transforming impaired self-care and restrictive ways of relating to others, and
2. fashioning a meaningful and fulfilling life based on his or her own unique values and ideals.

It is often assumed that patients in therapy will automatically grow and flourish when they are empathized with. The way empathy is often talked about can lead to an evasion of responsibility on the patient's part for both perpetuating old and restrictive ways of treating oneself and relating to others and for cultivating new ways of caring for and relating to self and others in the present. In order to change, the patient needs, that is, to transform their ongoing participation in their troubling past as well as actualize a different sort of existence in the present.

If the value of empathy emerged in my experience with Roger, its limitations became clearer in my work with a man I shall call Louie. Louie was a shy professional in his early 30s who had low self-esteem, suffered from conflicts over success and psychological independence, and had a pervasive sense of not quite fitting in. Louie treated himself badly. He was very overweight and out of touch with his feelings and needs. He was socially isolated, tended to become involved with friends who took advantage of him, and ultimately felt emotionally deprived.

Louie was an only child in a middle-class home. His parents both worked. His mother was emotionally needy and suffocating. His father was critical, domineering, and subject to rages. Louie had a distant relationship with his father, whom he experienced as critical and overbearing. His father could not sustain interest in him or anyone else. His father's harshness resulted in Louie's never feeling understood or supported by him. It also squashed his confidence in himself. His father provided little guidance or direction except for his rebukes. Although Louie felt closer to his mother, her own emotional hunger and her fear of her husband rendered her unavailable as a source of love or validation for Louie.

His parents were sorely unresponsiveness to his inner reality and failed to encourage his uniqueness from emerging or flourishing. He felt emotionally neglected, without direction or a belief in

himself.

Louie hid his personal values and ideals and attempted to fit in with his parents views of life in order to keep alive the hope of being emotionally connected to them. It is not surprising that Louie felt inconsequential in his home. He had great difficulty believing in the validity of his own interests and had great difficulty sustaining his commitment to himself. The price of conforming to and accommodating his parents' wishes was to bury his own sense of how he should live. He kept alive the tenuous hope of being accepted by his parents by banishing huge parts of his self through subverting and obscuring his own interests. This led to an excessively limited view of himself and his capabilities. What he wanted lacked significance to him and he felt that his life was not his own. His potentialities were dormant. This left him feeling self-doubtful and directionless.

He had what sounded at first like vital and interesting male friendships characterized by openness and depth. As time went on material emerged suggesting that several of these friends were either narcissistic or emotionally needy. He provided a great deal of psychological sustenance for his friends but seemed to receive little in return. Relationships with women were often characterized by a self-negating focus on their emotional needs— which left out his own needs. He denied his own needs, submitted to what he felt others wanted, and neglected his own goals. In fact, he did not even know what his goals were. This fed his sense of invisibility.

In the beginning of treatment Louie was affable and compliant. Initially he did not talk about what he truly desired. For many months the sessions were dominated by Louie's accounts of a variety of frustrations, injuries, and grievances in relationships and at work. I empathized with Louie's deprivation, suffering, and loneliness.

Through empathic immersion in Louie's experience I learned more about his deprived and miserable childhood, particularly his experience of his father's terrorizing behavior and his mother's fearful passivity. I tried to clarify his feelings of self-mistrust and unworthiness and related them to his experiences in growing up with self-absorbed, needy, and withholding parents. I conveyed to Louie my understanding of the way his spirit had been crushed and broken by his father's terrorizing presence and his mother's inability to defend him.

As we explored his tendency in the transference to conform to me by attempting to speak my language, his fear that he would be alone and invisible if he did not accommodate to those around him, including me, emerged. As we understood two of the dangers he anticipated—that I would be like his critical father or his needy and suffocating mother—material about his own values and interests emerged.

He loved reading and bicycle riding. He read works of scientific fiction and psychology and spirituality. He was particularly interested in books that focused on how to cultivate greater self-respect and self-assertion. When he was not reading he enjoyed bicycle rides in nature and felt a peacefulness and a competence that he rarely felt at work or with people.

Empathetic immersion in Louie's experience helped him experience the texture of his inner life with greater sensitivity. Louie begin to be able to know his own reactions more easily and steadily. He became aware, for example, of formerly disavowed feelings of betrayal at the way his father crushed him and his mother did not defend him. He also became aware of the links between his parents' self-absorption, neediness, and lack of validation, support, and guidance and his own feelings of self-mistrust and unworthiness. Through empathizing with Louie's experiences in childhood we understand the way psychological and spiritual books provided missing guidance and direction that he did not receive from his parents.

Not only did his receptivity to internal and interpersonal life increase because of our empathic immersion in his experience, his attitude toward his experience changed. The empathic spirit of attending to experience without judgment or aversion gradually replaced the self-critical stance exemplified by his father. He was more patient with himself and less self-condemning.

EMPATHY IS NOT ENOUGH

Empathy is central to the process of therapy and personal change. It fosters a therapeutic environment of safety and understanding and establishes a deep emotional connection between the patient and the therapist. The empathic bond between Roger and me, for example, led to his gradually transforming his sense of psychic deadness into a life that was more meaningful and alive. Over the

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course of our work together, he left the halfway house that he had lived in after he had been released from the hospital for a schizophrenic episode, learned several computer languages, got a job working in a college admissions office, and slowly developed several relationships of meaning and substance.

But empathy is not enough for therapy and change to occur. Empathic understanding of Louie's plight did not mobilize him and lead to meaningful change. He still struggled to take good care of himself and he still related to others with a self-depriving deferentiality. He still devoted much more attention in our sessions (and in his life outside the sessions) to how he had been wronged and why things could not/would not change, rather than what he might do to live the life that he valued. It became clear to me after a while that my empathic stance toward Louie's raw deal in childhood was necessary although insufficient to overcome the therapeutic stalemate. Seeing someone as a fragile and helpless victim in need of empathetic support can be a defensive disavowal of his or her unwitting contribution to self-imprisonment. Far from being a helpless victim, Louie was highly skilled, albeit unconsciously, at fashioning a particular life involving shabby self-care, restrictive relationships, and a great deal of personal deprivation and suffering.

The sessions were dominated by his litany of injustices and deprivations until we addressed his unconscious role in co-creating his suffering, particularly the way he perpetuated certain self-betraying modes of self-care and reenacted restrictive relational configurations of childhood (engaging in compliant and depriving relationships) which left him feeling alone and neglected. Louie treated himself like an object not a subject. The needs of others took precedence over his own. In a perversion of John F. Kennedy's famous refrain, he focused on what he did not do for others not what others might do for him. He left himself out of the equation of his own life. He could not have enriching relationships with others as long as he focused on what he did (or did not) do for others to the exclusion of his own wishes and needs.

For Louie to have a life that might feel like his own it was not sufficient to be deeply understood. He also needed to take responsibility for living differently; for forging new ways of treating himself and relating to others in the present. Louie did not really change until old and restrictive ways of being were challenged and altered as well as understood. And this did not happen until I interpreted the way he was a complicitous co-participant in, as well as an existential victim of, his own suffering. Only then did

Louie begin to mourn and work through old and constrictive ways of treating himself and relating to others and eventually pursue new ways of living. In order to do this he needed to understand more of his impact on others, including myself, especially the way he organized relationships so that others could rescue him from the degraded state that he was immersed in. Empathizing only with a patient's subjectivity can be limiting because it may eclipse the subjectivity of the therapist and those people who are important to the patient in his or her life. This may reinforce the patients self-centeredness and their sense of entitlement with others. Attending to my own feeling that Louie was presenting himself as a helpless victim and unconsciously attempting to coerce others into taking care of him, enabled me to explore with him his impact on others, especially the possibility that he was evading responsibility for the quality of his life. He then began exploring his own role in perpetuating his suffering. He noticed, for example, how his lifelong focus on being crushed, disavowed responsibility for the way he unconsciously attempted to remain linked to his parents by treating himself in a cavalier manner. This led to an exploration of the way he was unconsciously invested in keeping alive a snapshot of his childhood emotional pain so that it might finally be witnessed and validated. He unconsciously equated living a more fulfilling life with letting go of the grievances of the past and exonerating his parents. Letting go of the past also meant giving up hope that the injuries of the past would be seen and acknowledged in the present.

As he became more interested in having a life in the present rather than commemorating his pain from the past, his life opened up in new and fulfilling ways. He joined a bicycle club that held weekly training rides. Through this group he met a woman who he began dating. Their relationship was characterized by mutuality rather than exploitation. He started taking longer bicycle rides, reading about nutrition, and losing weight. He got into excellent physical health. He began relating to his parents in a more authentic and self-respecting manner. He did not let them walk all over him and he felt comfortable asking for what he needed. He felt that his life was finally his own.

I hope it is clear that I believe empathy is central to the therapeutic process. But I also believe that in focusing on the centrality of empathy we can neglect other crucial facets of the therapeutic process such as helping the patient confront his or her self-deceptions and enhancing his or her capacity for self-responsibility.

EMPATHY AND . . .

Cultural mores are a product of pendulum swings: from the authoritarianism of the 1950s it is not surprising that we get the permissiveness of the 1960s. From the expansiveness and gluttony of the 1980s it is not such a quantum leap to the moral poverty, hard-heartedness, and piousness of the 1990s.

In our current political climate there is a tendency to dichotomize empathy and responsibility. On the one hand, there are those who demonize people who struggle—attacking them for their difficulties in living without taking into account the formative circumstances of their lives. On the other hand, there is a pervasive tendency to justify the evildoer because of unfortunate circumstances in his or her life. The tendency among many conservatives to scapegoat those who suffer—blaming single mothers of color for the moral malaise that engulfs us—illustrates the first trend. The tendency among liberals to victimize and exculpate evildoers—taking the Menendez brothers "off the hook" because they were abused—illustrates the second trend.

Contemporary psychology has widened our empathic capacity by taking into account the context and circumstances of one's life. Psychology helps us be more empathic to a range of states of suffering and oppression from the pain of those who are neglected to those who are actively traumatized. We are now more attuned to the way historical and sociocultural circumstances of one's life deeply shape how people live. But such knowledge has often been used both within and outside therapy to weaken moral agency and responsibility. Explaining something by reference to antecedent conditions—the Menendez brothers killed their parents "because" they were abused—can supplant moral accountability. The Menendez brothers are more complex (and haunted) than law and order types acknowledge, and they are more responsible than our culture of victimology tends to appreciate.

In the past psychology was less empathic about psychological motives and the causes of behavior, but individuals may have had greater moral accountability. Patients were often viewed, prior to Freud, as moral malingers, whose emotional suffering was due to weakness (equal badness) of character. The challenge in our age may be to utilize the fertile resources of psychology to deepen our capacity for empathy without neglecting moral responsibility. In a world of what I think of as "compassionate accountability" (Rubin, 1998), we might develop more understanding of the victimized and oppressed while at the same time fashioning increasingly complex and nuanced accounts of moral responsibility.

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