

Work In Progress

Empathy Revisited

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Work in Progress

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Empathy: Evolving Theoretical Perspectives

Janet L. Surrey, Ph.D.

Abstract

This paper examines the evolution of the Stone Center perspective on women's development. Through the study of language, evolving theoretical concepts are explored, especially concepts of mutual empathy, movement in relationship, the importance of the mother-daughter relationship, and relationships as the ground of action and power.

I find it a challenge to look back over the past eight years to consider both the consistent themes and the changing ideas that have characterized our evolving theoretical perspective — ideas you may have shared with us at former colloquia or through the *Work in Progress* series.

In 1979, inspired by Jean Baker Miller's *Toward a New Psychology of Women* (1976/1987) we, a group of five women clinicians (Judy Jordan, Sandy Kaplan, Jean Baker Miller, Irene Stiver, and I), began meeting regularly to study women's psychological development with an emphasis on our own experiences working with women. Over the years we, along with other women, have shared our thinking at Stone Center colloquia and have published over 40 *Work in Progress* papers.

Since the ideas have been evolving, early papers and language may be inconsistent with later work, and these discrepancies may be confusing. We have not always directed this evolution consciously, and I think it may be interesting to see how we have moved.

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Also, such retrospection may help clarify our current thinking and may suggest future directions.

I believe the issue of language is very significant. We need to search continually for truly representative language which reflects dynamic relational processes. As part of this ongoing process, I'd like to share with you a critique of our language and invite you to join in this search.

Whom do I mean by "we"? I mean the larger "we" to refer to the wide community of women in many fields attempting to reframe thinking and to realize new paradigms for describing our struggles for psychological development with authenticity, often in oppressive structures (Gilligan, 1982; Belenky, et al., 1986). The small "we" refers to our study group. We have not written collectively; rather, we work relationally and collaboratively. Energized and moved through group interaction, each of us struggles with our own process of growth and way of understanding.

As Jean Baker Miller wrote in the foreword to the second edition of *Toward a New Psychology of Women*, "At times, our ideas flow from the interactions among us; an idea becomes enlarged and transformed in interchange so that it is not what it was when it began and is truly everyone's creation" (1987, p. xxxiii). Yet I am impressed with the differences in the tone, style, language, and particular lines of development in each one's work.

This "we" needs further elaboration. Although we have differences, we share certain limitations in our perspectives. We are all traditionally trained, white, middle-class, professional, and heterosexual. It is important that we name our potential biases and invite women of other experiences to join us in building this theoretical perspective.

Tonight I will attempt a brief, retrospective analysis using my own work as a base and specifically looking critically at my first paper, "The Relational Self in Women," which was published in the *Work in Progress*, "Women and Empathy" (Jordan, Surrey, & Kaplan, 1982).

Empathy: From unidirectional to mutual

In 1982 I began as follows:

Dr. Jordan has given us a powerful statement illuminating the central importance of empathy in human development. She challenges us to describe the complex developmental processes which underlie its emergence and may hamper or inhibit its development....Further, I will propose

some aspects of a new model of self-development based on this capacity for relationship — defining the basic core self-structure in women as "self-in-relation," and describing its origin in the mother-daughter relationship. (p. 6)

Consider the starting points for this paper: the centrality of empathy in fostering *human* development, not simply in therapy and not just for women; the recognition of the profound power and value of empathy; the need to account for the developmental evolution of this capacity (not relegating it to early or "primitive" forms of connection); the importance placed on the connections between people in promoting psychological growth. These are still basic themes of our work.

What has changed is the reframing of empathy to a *mutual, active, and interactive process*, involving what some of us have called *mutual empathy*. We still have much disagreement and discomfort with this term. In this first paper I discussed the two-directional aspects of relationships for women, suggesting that the need to understand, the *motive or intent* to be empathic, was of equal importance as the *need for empathy* (Surrey, 1982). While appreciating the contributions of Kohut, Winnicott, Rogers, and others to the study of unidirectional empathy, I added the new dimension of a *motive to be empathic with others*. I described this motive as originating typically in the mother-daughter relationship, with mothers often teaching or facilitating the development of empathy in daughters.

As this theme has developed, we have proposed the notion of the *development of mutually empathic relationships* as a goal of development. Note here that the goal of *self-development* has been replaced by the development of a certain kind of relationship. This concept of mutual empathy also has served as a way of describing the *qualities of mutual relationships* that foster growth in *both or all* participants.

Further, what may have seemed more like a model of reciprocity, equality, or two-directional empathy has now developed into a more interactional, "mutuality" model, stressing the capacity of both or all persons *to be present and moving with the other(s)* in creating a relational dynamic and shaping a relational context (Jordan, 1986; Kaplan, 1988; Stiver, 1985). Mutual empathy is not so much a matter of reciprocity — "I give to you, and then you give to me" — an equal-time doctrine — but rather a quality of relationality, a movement or dynamic of relationship. In 1985 Jean Baker Miller described the psychological

strengths emerging from such growth-promoting, mutually empathic relationships: zest or vitality, empowerment to act, knowledge of self and other, self-worth, and the desire for more connection. What is of special importance here is both or all participants must, *by necessity*, experience these qualities or the relationship is not mutual and thus cannot fully be growth-promoting for either.

The capacity to participate in mutually empathic relationships can replace the concept of the *need for or need to provide* empathy. We have moved away from prior views of separate selves connected in momentary cognitive-affective lapses (i.e., empathy). Relationships are not seen as supports to individual development via unidirectional empathy and buttressing “self-objects,” but rather as *goals* in themselves, *arenas of growth and learning*.

The conceptual level has shifted to relational movement. This way of thinking continually calls our attention to the qualities of relational *movement* within which psychological events occur. It does not mean subsuming the “I” in the “we,” but rather recognizing that the enlarged development of all arises from a mutually empathic flow. We are trying to illuminate the relational processes which shape individual experience and the contribution of both or all participants in creating this process. We find such a *conceptual shift* difficult to “hold” and difficult to describe. Often we shift in and out of old and new conceptual sets.

To cite an example of such a reframing: Carl Rogers offered a beautiful description of empathy in therapy which he called a “caring understanding,” expressed as an *understanding context* in which the person reveals experience that has never been communicated before and, in the process, discovers previously unknown parts of her/himself (1980). In this “climate for learning,” the client experiences an increased connection to the inner flow of her experience and a wider range of experience becomes available.

We need to illuminate further this *understanding context* with a focus on the mutually empathic process. While Rogers’ description of empathy focuses on the movement *within* the person, we would focus on the movement *between* people (the relationship) along with the movement within each person.

From the *self* to relational movement

In my 1982 paper I spoke about the need for a new model of self-development and defined the “core self-structure” in women as the “self-in-relation.” From the vantage point of 1988, each word in this

sentence makes me uncomfortable, starting with “self-development.” As described above, past theories, in emphasizing self-development, have neglected the growth and development of the persons providing the matrix for growth, e.g., calling them self-objects, holding, or facilitating environments. Such theories have not focused on the significance of the relational dynamic: the *actual* interactive processes of mutual learning and mutual growth. For example, therapy, at best, has always been a mutual process but has not been described in this way.

Let us examine the use of the concept of a core self-structure. Today I would question the idea of a self-structure and would replace it with *process* as a better way to describe psychological growth. The capacity for flexibility, responsiveness, adaptation, receptivity, creativity, activity, and change through connection suggests open, evolving and not closed, contained psyches. Such an old model views self-other differentiation as *the* core feature of development rather than the increasing capacity to live and move in relationships. The old anxiety that relationships (especially with “pre-Oedipal mothers”) will bind, inhibit, or control us has kept us from seeing the powerful strengths arising from healthy connections.

The word *self* has its own problematic connotations. It continues to suggest structure, containment, separation, and reification. People experience what I might call mutually unfolding particularities, but again these are not isolated aspects of growth. Rather, this unfolding occurs only in relational process. I no longer feel the anxiety I felt originally when Jean Baker Miller (1984) raised the questions: Do women have a self? Do men *really* have one? Is there a cultural illusion of self-possession, self-reliance, independence, and autonomy? Is this such a healthy and valuable thing after all?

The concept of self-in-relation represented an early attempt to get through some of these questions. The hyphens suggested connection, but still held some of us to what we all had been taught. Today I have become more ready to question and let go of such language. As *self* recedes as the primary object of study, we are trying to describe relational processes which enlarge and deepen connections that empower all participants. Thus, I have moved from *self* to *self-in-relation* to the *movement of relation*. *Connection* has replaced *self* as the core element or the locus of creative energy of development. This approach reverberates with the new physics of subatomic particles which exist *only* in relations, *involve* but do not *contain* each other (Capra, 1982)!

Forward-moving relational dynamics foster growth and development as they build connection and clarity. Distorted, stuck, or inauthentic connections create pathology. Thus, rather than “self-images,” what we need are new models of connection or “relational images.”

In 1982 I suggested replacing the concept of separation-individuation with relationship-differentiation (Jordan, Surrey, and Kaplan). Although this represented a move away from the “separate self” focus, it still emphasized difference or increasing elaboration of the individual. Daniel Stern’s work has been of great help to me in letting go of old ideas about self and relational development (1985). His work suggests that as early as two to six months the infant already has a core sense of self, core sense of others, and early self-with-other experiences. The problem does not lie in self-other differentiation, but in increasingly complex relational integrations.

Stern helped clarify that we need to study relational development. As women have been the “carriers” of connection in our social/psychological world, studying women’s development has led to focus on relationships. However, we have to recognize that women’s relational development inevitably has been distorted in culture-specific ways by the asymmetry of gender and power. Men’s relational development is also distorted by these asymmetries (although in different ways) and by the extreme mandate to separate and break early connections.

Our future work probably will focus on relational experiences as they shape the development of particular groups of women or men. We will also try to increase our understanding of the contribution of an individual’s particular relational experiences to the development of psychological problems.

Importance of the mother-daughter relationship

In my 1982 paper I followed my object-relations training and Nancy Chodorow’s (1978) work in describing the origin of the self-in-relation within the mother-daughter relationship (Jordan, Surrey, and Kaplan, 1982). I saw this relationship as less bounded and more fluid and connected because there was less pressure on the daughter to separate. I still used concepts like “mutual identification” between mothers and daughters, leading to problems of differentiation and difficulties acting on one’s own needs and perceptions. While trying to validate the positive components of connection, I still conceptualized women’s psychological problems as difficulties in “stepping out of the mother-daughter relationship,”

leading to problems in identity confusion. Studies of black women (Turner, 1987) and our preliminary Stone Center research on the mother-daughter relationship (Kaplan, Klein, & Gleason, 1985) suggest that the healthy development of the mother-daughter relationship involves increasing and *not decreasing* the possibilities of connection based on mutual empathy and mutual authenticity whenever this is possible. Today I would never use the language of “stepping out” or separating from this relationship. Instead, I am trying to see problems as representing the need to change relationships, to attempt to build mutuality and to accept and act on relational needs and desires. I have been told that I idealize the mother-daughter relationship. Clearly, we know that relationships between mothers and daughters are often fraught with terrible pain and conflict. What I am suggesting is that we need to find more complete ways of describing and understanding these conflicts and problems from a woman-centered perspective. This greater accuracy will enhance our clinical and research work.

Relationships as action

Along with shifts from self-development to relational development and from separation to connection as a goal of development has come increasing attention to *activity and action in relationship*. Traditional images of relationships suggest passive absorption of support or nurturance, and these are often viewed as regressive, oral, passive-dependent longings and states. Instead, the capacity to think, feel, and move with others represents a very active process. Words like reaching out, trying to understand, responding to another person’s experience, moving with or being moved by another’s “feeling-thoughts” all suggest active and purposeful behavior. Mutual empathy requires a high level of activity and movement in relationship. Further, we have begun to use language describing the *energetic* component of relationships. Jean Baker Miller speaks of zest or vitality emerging from connection (1986). We are all trying to describe qualities of realness, clarity, authenticity, and activation — all expressing the creation of energy and stimulation of the *forward movement* of relationship.

Concurrently, we find ourselves using more words related to “power” and “empowerment.” Clarity about new models of power allows us to be less cautious about using power words. For example, assertiveness can be reframed as empowerment in a relational context, as action to strengthen or empower the relationship rather than the separate self.

As a language contrast to the first empathy paper (Jordan, Surrey, and Kaplan, 1982), I'd like to share a paragraph from my 1987 paper, "Relationship and Empowerment":

This process creates a kind of unencumbered movement of interaction. This is truly a creative process, as each person is changed through the interaction. The movement creates an energy, momentum, or power that is experienced as beyond the individual yet available to the individual. Neither person is in control; instead, each is enlarged and feels empowered, energized, and more real.
(p. 7)

This is very different language from 1982.

Finally, I'd like to suggest a very brief forecast of future directions for this perspective. The study of mutually-empathic and empowering relational processes in therapy will be of key significance. Also, we will continue to study distorted or unhealthy connections and their contribution to psychopathology. Discussions of disempowering or inauthentic relationships (Steiner-Adair, 1990) may replace discussion of "false" or "undifferentiated" selves. For example, Jean Baker Miller's paper on connections and disconnections describes the relational distortions prevalent for many women and the resultant "condemned isolation" that leads to further distortions (1988).

Perhaps *connection* issues will replace the well-worn *separation* issues and will provide new and useful ways of studying the relational functioning of people who have been assigned to traditional diagnostic groups, such as the "borderline personality." I'll be very interested to see where we are in another eight years!

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Empathy and Its Vicissitudes

Alexandra G. Kaplan, Ph.D

Abstract

Women tend to feel enhanced and empowered through the same mutually-empathic relational processes that are denigrated in Western culture. Even those psychotherapy approaches grounded in empathy describe a one-way rather than a two-way flow; they also assume that therapists will be “naturally” empathic despite evidence of personality traits to the contrary. In addition, insufficient attention is paid to the cultural differences which can create barriers to mutual empathy. The notion of informed empathy is suggested to highlight the need for knowledge and appreciation of the particular other in the empathic encounter.

Empathy has become an increasingly significant concept in the Stone Center’s perspective on women’s relational world. The psychotherapy literature has also turned increased attention to the place of empathy in theoretical formulations and clinical practice. It therefore behooves us to take a careful look at the meanings and uses of this term, to clarify the Stone Center notions, and note their similarities with and differences from other perspectives. In the first empathy paper we emphasized some key aspects of an empathic process: its complex affective and cognitive components (Jordan, 1982), its origin within the mother-daughter relationship (Surrey, 1982), and its creative potential through the simultaneous experience of seemingly contradictory components (Kaplan, 1982). Each of these early explorations has guided subsequent work, but we have tried to focus more specifically, more intensely, and more contextually on the nature of empathic processes.

Empathy as relational process

Since the initial empathy paper, we have studied empathy within *mutual relational processes*. Optimally, empathy is a quality of relational flow, a mutual exchange in which each shares, absorbs, reflects upon, and enhances her own and the other’s experience, and the relationship itself. Participation in such a relational flow requires affective attunement to the

other, the ability to absorb the other’s experience without losing your own, the balance of affective and cognitive components, and comfort within a relational context of mutual understanding. It requires, in sum, the capacity to join in the creation of a synergistic process which transcends the experiences of the individuals involved and moves toward a shared sense of enhanced meaning, clarity, and enrichment.

However, all relational encounters are not so endowed. The denigration of empathy and other “feminine” qualities in Western cultures can generate an ambivalent stance between authentic empathic expression and cultural approval. Women live on the border between these two forces, and many have learned over the years to modify their responses according to situational constraints. Some may lean toward the dictates of the majority culture in search of the privilege associated with independent action, competitive strivings, or emotional distance. Others may pursue a more relational path, but with some lingering sense of being “other.” Whichever path or paths one takes, it is always helpful to be conscious of the process by which choices are made, and their cultural underpinnings.

The therapeutic process

The Stone Center’s portrayal of mutually empathic therapeutic processes varies from many other conceptual models. In most other perspectives, empathy is seen as resident within the clinician, a means for guiding the therapist’s observations and client’s processes of internalization and identification, but not for mutual participation and mutual action. Atwood and Stolorow (1984), for example, describe Kohut’s view of empathy as one which stresses the patient’s gradual internalizing of the analyst’s observational stance, so that the quality of empathic understanding, formerly felt to be the property of the analyst as self-object, becomes an enduring feature of the patient’s own experience. “Thus, the cumulative experience of being understood in depth leads both to the crystallization of a sense of the self that has been

comprehended, and to the acquisition of the capacity for empathic self-observation” (p. 61). This is a different clinical atmosphere from that of joining in an empathic exchange, feeling the power of the empathic process as it evolves from the participation of both individuals. In the latter, empathy becomes a part of relational encounter in its broadest sense, not just a means to the end of the client’s self-awareness or internalization processes. The client can identify not so much with what the therapist has represented, but with their *shared relational action*, its impact on each other, and its contribution to their evolving understanding and empowerment (Kaplan, 1988).

Paths to empathic knowing

What is the source of empathic knowing? In fact, the literature contains some inconsistencies on this topic. Many theorists, such as Schafer (1983), Kohut (1977), Wachtel (1987), and Atwood and Stolorow (1984), embrace empathy as the primary dynamic for change in therapy. However, they discuss neither the development of the therapist’s capacity for empathy, nor the absence of knowledge on this topic. Although we illustrate the *use* of empathy in therapy, we also emphasize processes by which empathic qualities evolve in women’s normative development in general, and in the clinical process in particular (Jordan, 1984). Developmentally, we believe that empathy evolves slowly over time as the individual engages in increasingly complex, shared, affective interactions which are mutually enhancing and out of which new, mutually informed understandings emerge. From the sense of enhancement gained from many such experiences one seeks additional mutually empathic exchanges as a primary source of growth and empowerment (Miller, 1986).

Given the complexities of empathic development, we cannot assume that empathy will emerge in the absence of life experiences of participation in mutually empathic interaction. Most clinical theories assume that the conscious and unconscious ways of being of both client and therapist will become manifest in the therapy hour, and we would argue that empathic ways of being are similarly translated into the clinical realm. However, for most other clinical theories, this translation from the daily realm to the clinical hour seems to disappear when empathy is at issue. Even recent writings assume that empathy is inherent to good analytic process or technique, not an individual quality of affective receptivity and capacity for emotional connection.

Empathy can be considered the opposite of narcissism, which Lasch (1979) proposes as the salient

characteristic of Western culture. What is the process, then, by which one moves from participation in the culture of narcissism to evolving a capacity to participate in empathic processes? The emphasis on empathy in the Stone Center’s developmental paradigm provides a logical translation into the clinical realm, especially for women. But many other theorists avoid linking developmental and clinical sources of empathic knowing by rendering the issue irrelevant. Schafer (1983), for example, describes developmental forms of empathy in terms of their early, more primitive infantile prototypes and clearly distinguishes between this and the technical forms of empathy that appear in analytic work. This distinction not only avoids parallels between mature forms of empathy and clinical empathic processes, but it also trivializes or infantilizes the nature of empathic expression in general.

This aspect of Schafer’s perspective is especially curious (or necessary) because he recognizes that we are not all naturally empathic: “I am sure many examples will come to your mind of analysts whose usual analytic competence and effectiveness you would not doubt and yet who in their nonanalytic relationships, including those with colleagues, seem to be one or more of the following: rigid, aloof, irritable, ruthlessly controlling, egoistic, flamboyant, shut in, timid, obsessional, paranoid, depressive, or hypomanic” (p. 37). I’m not sure I’m ready to take the leap of faith that Schafer posits. He explains the transition from these qualities to analytic empathy in the following way: Less is at stake for the analyst in terms of personal needs; the analyst knows so much about the analysand’s life; the analyst can defer response while sorting out what is essential; and “the analyst’s primary responsibility is to formulate interpretations at appropriate times and not to respond in kind to what the analysand is bringing up” (p. 38). Finally, according to Schafer, the analyst is protected by the knowledge that the closeness and intensity of the relationship will abate with its termination.

Schafer presents a remarkable formulation. He seems to claim that those who are inherently nonempathic can function empathically through forms of emotional distance from the client, interrupted or delayed communication processes, and cognitive modes of understanding — with one eye on the ultimate protection that comes from the fact that it will all end. For Schafer, the therapist understands the patient through a form of observational distance, a position consistent with the prevailing notion that growth occurs through increasing levels of separation

— a notion we have critiqued elsewhere (Miller, 1984). The salient element, for Schafer, is to prevent the therapist from imposing his own affect upon the therapy in a distorting, nonempathic manner. Perhaps this stance is well taken, given the particular qualities that Schafer suggests might intrude if the therapist's "real feelings" were given sway. But Schafer does not represent his position as a defensive structure to protect against destructive affect; rather he suggests it as a stance which enhances empathic communication. For Schafer, empathy functions as a route to a form of cognitive, objectified knowledge for the therapist alone. It provides a guide for listening, but not necessarily for responding or for affective engagement with the patient. It does not become a means for therapist and client to evolve a mutually-enhancing relational flow or for both to feel able to be open, real, and present with one another. Finally, it limits or prohibits the use of the therapist's self, except in structured, predetermined ways.

From the Stone Center perspective, Schafer has essentially turned empathy on its head, seeing it as emerging from relational constraints and distance, rather than arising from relational engagement. Whereas he posits that clients grow by becoming recipients of the therapist's empathy, we believe that clients *and* therapists grow through active participation in an empathic process which enhances their sense of themselves as relational beings, able to join with others in relational connection. Toward the goal of helping the client increase her empathic sense of self, we would attend particularly to the evolution of empathic action and empathic expression between client and therapist (Kaplan, 1988).

Sameness and difference

There is a basic assumption in the clinical literature that empathy is grounded in human sameness. Jordan (1982), for example, ends her first empathy paper with a quote from Kohut: "Empathy is a fundamental mode of human relatedness, the recognition of the self in the other, the resonance of essential human likeness" (1977). Schafer makes similar points. He describes an imagined merging of self and object, using memories of personal experiences. Atwood and Stolorow (1984) mention that "the analyst may be able to find analogues in his own life of the experience presented to him, his self-knowledge thus serving as an invaluable adjunct source of information regarding the probable background meanings of the patient's expression" (p. 48). It is true that we may all be "more simply human than otherwise" (Sullivan, 1953), and that there is a

real component of empathy that evolves from our shared "humanness." However, we may also need to pay more attention to the "otherwise." Avoiding the recognition of difference may lead to incorrect assumptions based on distortions that arise from what Bernardez (1982) calls "cultural countertransference" — unconscious assumptions about the human character that reflect prevailing cultural beliefs. By attempting to be empathic within an assumption of sameness, we may distort those aspects of our clients which are grounded in cultural difference. This can result in decidedly nonempathic therapist responses, especially when the client is from a group that has been marginalized or demeaned by the prevailing culture. By contrast, a shared recognition of the meanings of difference to therapist and client, and an exploration of these meanings can be, in Keller's words, "a starting point of relatedness" (1985). She continues: "...respect for difference constitutes a claim not only on our interest but on our capacity for empathy — in short on the highest form of love: love that allows for intimacy without the annihilation of difference" (p. 164).

The common core of human experience undergoes expectable transformations based on the particular cultural contexts that shape our lives. It is unfortunate, then, that most major theorists do not address the need for "contextualized" knowledge about the particular group to which their clients belong. The problem is that in the absence of specific knowledge about the other, the "masculine assumption" will prevail — that the white, male, middle-class, heterosexual experience is the *human* experience, and sufficient for empathic relatedness with everyone.

The challenge for the clinician, then, is to encourage an empathic process that draws at once on self *and* other, sameness *and* difference. This simultaneous existence of opposites is another reflection of the concept of "Janusian thought," which I discussed in the original empathy paper (Jordan, Surrey, & Kaplan, 1982), referring to the simultaneous existence of cognitive and affective components of empathy. Rothenberg uses the term, "Janusian thought," as a metaphor for identifying opposite or antithetical notions which are equally operative and equally true (1979). For him, the capacity to hold to this configuration is one of the hallmarks of creativity. It may, in fact, be of use to continue the metaphor of empathy as creativity. Considered in this way, empathy can more clearly be recognized as a complex, refined, and highly developed process that simultaneously encompasses knowledge and affect,

self and other, action and receptivity, inner and outer experiences, and mutual growth toward empowerment.

Empathy, then, requires awareness of one's own cultural milieu and the experiences of the other in her own context and in her own words. To the extent that we all bring a cultural heritage to the work, all therapy is culturally grounded. This can add a poignant dimension to the clinical encounter, if therapist and client together can generate an atmosphere of openness, safety, and trust that permits exposure and risk-taking. To do so, therapists need to explore their own areas of "cultural countertransference," the ways their listening may be distorted by unconscious bias, long-held assumptions, or ignorance. Therapists should seek help in this process by attention, in training and in practice, to the difficulties in moving outside of one's unconsciously constructed frame of reference, the meaning and recognition of difference, the need to be informed of salient aspects of cultures different from one's own, and the impact of discrimination of marginalized individuals.

It may be helpful to use a concept such as *informed empathy* to call attention to the blend of affect and context, self and other, sameness and difference, in the empathic encounter. If the treatment process is to be a mutual one, the realities of both participants must be recognized and supported. If done from a perspective of openness and clarity, then both participants can feel enriched through the experience of mutual engagement around a common purpose and toward a common end.

Cultural devaluing of women's experiences, especially the demeaning or pathologizing of women's relational qualities, leaves most women with some measure of distrust of their own and others' relational strengths, and some fear of their own and others' current or potential capacity to damage relationships. These concerns cannot help but lead all women to shrink from representing at least some aspects of their experience in relationship. Women who are not part of the majority culture — women of color, lesbian women, poor women — are even more likely to be in interactions where they feel the need to hide some part of themselves. Therapy will be enhanced to the extent that clinicians pay attention to the impact of cultural context on processes of empathic knowing, and to the limits of their own experiences, especially if they are from the majority culture. If therapists do not communicate to clients this attitude of joining in a recognition of difference, ruptures in the ongoing therapy relationship can occur.

Indications that a cultural difference between client and therapist may lead a client to inhibit her relational authenticity in the treatment hour can include the following:

- inability to disagree with or state displeasure at some aspect of the therapy — or saying what she assumes the therapist wants to hear
- curtailing affective expression. (This may include laughter, tears, anger, or other feelings.)
- hesitancy to share parts of her self-image or relational style that derive from her cultural or ethnic origins
- hesitancy to share certain specific experiences that the therapist might misinterpret along culturally stereotypic lines

A therapist, in turn, may sense her own distance from a client by experiencing:

- a feeling that she is "out of touch" with the client's affective expression
- a fear that she will hurt or demean the client
- anxiety when the client discusses problematic aspects of her cultural background

If therapists and clients can acknowledge the impact of cultural difference on their growing relationship, they have a starting point for building toward a much more open, honest, and authentic process. Once they introduce the notions of difference and disconnection, therapists and clients can share acknowledgement of the possibilities of mistrust and misunderstanding. We all need to be seen and recognized in our particularity, without the fear of being heard from within another person's reality. To the extent that these conditions apply in the treatment hour, therapy will provide the necessary safety for the evolution of authentic relational growth.

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Relational Development Through Empathy: Therapeutic Applications

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Abstract

In a model of relational development, empathic expansion serves to increase the sense of “connected-being.” Rather than a focus on development of the separate self which stresses internalized structure and self-sufficiency, this perspective emphasizes the integrative experience of “being in and for the relationship.” In the therapy relationship an empathic, relational approach has an impact on both therapist and client; mutual empathy enhances dialogue, a sense of connection, and the sense of human community for all participants.

Prevailing models of growth in relationship usually have focused on an active, nurturing mother caring for or giving to a passive, helpless infant. In these models, one can be the “giver” or the “taker.” Mutuality then becomes construed in exchange theory terms: “You give this, and then I give that in return.” But love, like empathy, is not something *in me* which I give to you. Love grows in relationship, is a process of relationship, and expands relationship. The notion of love as some “thing” given or withheld contributes to a model of self-development based on accrual of resources.

In this paradigm, the task of development is to internalize these resources of love in order to create an ever more unique, self-sufficient and separate structure: the self. Implicit in this psychology of “self-development” is an underlying bias, a psychology of ownership and possession: We “gain” love or esteem; we “have” a self; we “possess” certain attributes; we “have” relationships with other people. But in a psychology of relationship, process is as crucial as structure to understanding development. In a model that stresses relational development, we see that people move into relationship, not simply to “get for the self” or as a *means* to develop the self, but to contribute to the growth of something which is of the self but beyond the self: the relationship.

Empathic expansion

Empathic expansion involves moving out of a certain kind of “self-consciousness” and self-centeredness into an understanding of the growth of “self-and-other” or “relational awareness.” Thus, increasing the experience of connection through empathy involves some sense of “loss of self,” if by “self” we mean the self-contained, self-sufficient, in-control self of Western psychology. This does not mean, however, a loss of clarity, purpose, feeling of well-being, or experience of wholeness...quite the contrary. And this is the paradox at the heart of all relating: In diminishing individual self-consciousness and moving into relational awareness, we experience an expansion of our sense of integrity, realness, and freedom. There is a profound difference between welcoming this “loss of self” and fearing it. Growth occurs in becoming *a part of* relationship rather than *apart from* relationship.

The old duality of “being for the other” versus “being for the self” suggests that at the extremes, one must choose between “self-sacrifice” or “selfishness.” Carol Gilligan has explored this aspect of women’s development in compelling detail (1982). Many women report they received overt and covert messages as they grew up “not to be selfish.” Unfortunately, self-sacrifice was often presented as the only alternative. This model, however, omits the integrative experience of “being in and for the relationship” which includes being for the other *and* for the self. Here we move beyond the paradigm of altruism versus egoism. Both people contribute to, and both are sustained by, grow in, and depend on the relationship. People do not just come together to “give” and “take” or trade off dependencies. They create relationships together to which they both contribute and in which they both can grow. At its best, this kind of relationship goes beyond the duality of self and other and describes true community and relational interdependence.

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Growth through empathy in therapy

Study of empathy in the therapeutic setting has typically focused only on the effects of the therapist's empathy on the client's growth. We are, however, suggesting a shift from an exclusive concern with self-development to an interest in "relational development," especially the growth of the capacity for relationship, or what Jean Baker Miller refers to as "a greater sense of connection and motivation for more connection" (1986).

Therefore, we are interested in obtaining a broader understanding of the way empathy contributes to relational growth in therapy. For both people in the therapy relationship:

- 1) There is an expansion of the experience of relatedness and connection. Empathy affirms the importance of "the between" and encourages relational awareness.
- 2) There is a reduction of an exaggerated, often distorted, notion of self-sufficiency and separateness. One of the most difficult legacies of the psychology of separation and autonomy is the notion that as adults we should be self-sufficient.
- 3) The centrality of relationships to people's lives is experienced in a powerful way. An appreciation of being in and for the relationship grows.

4) In therapy characterized by empathic expansion, there is an enhanced sense of personal realness or authenticity for both people as well as an enhanced experience of relationship.

We all know the deadened, bored, or anxious feelings that occur in interactions in which people cannot risk being in their truth. We also know how we resonate and come alive with another's "true feelings." Openness to the spontaneous in relationship, which is central to empathic interaction, involves what Keats referred to as "negative capability;" we are "capable of being in uncertainties, Mysteries [sic], doubts, without any irritable reaching after fact and reason" (1818/1987, p. 43). Ironically, much of the training to be a therapist often guides young clinicians toward being in a role, being certain, or relating from a theory, technique, or preconception.

The client's growth

Remembering that empathy does not involve something done by one person *to* or *for* another, let us consider some ways empathy may lead to a developing sense of wholeness and well-being for the client, in particular, in therapy:

- 1) Feelings are validated and affirmed. The client feels joined by the therapist's emotional

resonance, decreasing a frequent sense of isolation surrounding certain feelings.

2) There is an appreciation of the meaning of the reaction. The therapist conveys her/his understanding of the reasons and necessity of the client's reaction; the feelings make sense. The implication is, "In similar circumstances, I, too, would feel that way; or in a comparable situation, I have known that reaction in myself." The client feels understood and accepted.

3) There is expansion of awareness, affect, and knowledge of self and relationship.

In many situations the client's conscious feeling range may be constricted, particularly if there have been unempathic or hurtful reactions to the revelation of certain thoughts or feelings in the past. If the therapist is open to a wide range of human emotion in herself, there is sensitivity both to the client's split-off feelings and to the impediments to their disclosure. Often this sensitivity involves appreciating the ways previous relationships failed to allow the client to bring aspects of herself into relationship.

Further, we never "mirror" each other perfectly; in the empathizing process, new feelings and new variations of understanding arise which can potentially expand experience. A simple, perfect mirroring would not lead to growth but habituation or stagnation.

4) Through empathy, integration occurs. Where there has been diminished access to split-off experience and feelings, both the individual and relationships have become impoverished.

For example, the rage of the sexual abuse survivor often is not available to consciousness. As the therapist, I relate to you, the client, by putting myself in your place (that of the abused child you are recalling so vividly), but I am never exactly in your place; I am not subject to the same fear, to the power of the abusing adult, to the helplessness of being a child. I am an adult, sitting safely in an office with you. Because of this difference, I can allow the full range of reactions to flow through me: fear, anger, powerlessness, shame, confusion. By knowing the particulars of your life and how you react emotionally, I can shape my reactions to fit more clearly what were likely your responses. In addition to noticing the resonance between us, I learn from the discrepancies between our responses, e.g., I notice the absence of conscious anger in your reaction.

In therapy we are not engaged in being empathic only with the current moment, we are also trying to establish empathic contact with the old experiences and trying to help the client to connect

with the full range of her reactions. This gives the client courage to expand awareness, subsequently to come more fully into relationship, and hence to feel an enhanced sense of personal integration.

5) There is an increase in a sense of interpersonal responsiveness and efficacy. When we communicate empathically, we let the other person know that they have an impact on us. The message is, "I have a response to you. I have a response *with* you." There is something very powerful about emotionally "touching" or "moving" someone else; we feel less alone, less helpless. Much pathology may, in fact, grow from a sense of "not getting through" to others, not being understood, and not being able to establish mutuality; thus, "being responded with" enhances one's sense of connectedness and relational competence.

6) As empathy lessens the experience of shame, there is increasing openness and self-disclosure. Helen Lynd has written, "Enlarging the possibilities of mutual love depends upon risking exposure" (1958, p. 239). When ashamed, we have great difficulty trusting that the rejected aspects of ourselves will be accepted by another. Fearing exposure, we contract and withdraw, sometimes erecting barriers to being known; our sense of ourselves as well as our capacity for relationship diminishes. At its worst, shame divorces us from the human community; we feel like outsiders, disconnected. Yet we feel we must hide (consciously or unconsciously) these disavowed parts in order to maintain relationship. When someone trusted sees us empathically in a more whole way, sometimes before we are consciously able to reveal the "shameful" parts of ourselves, our capacity for relation can enlarge. To be "accepted" without really being known is hollow and may contribute to a sense of false self or phoniness; but to be known, in a deep and thorough way, and accepted, inspires the confidence that we can bring ourselves more fully into relationship.

7) As we experience the empathic presence of another, we become more empathic with ourselves. Being joined in a process of empathic witnessing and acceptance, with a resulting decrease of harsh self-judgements, opens the way for self-empathy.

8) As we are empathized with, and as we gain in self-empathy, we also often experience an expanded empathy with others. We can then alter distorted and partial relational images, which have shaped expectancies for current relationships.

Thus, the expansion of empathy for the other, particularly someone who has hurt us, often leads to a realization that the injury was not directed at us,

personally, but was a result of the other's limitations. Although I can be angry at their limitations, I can also understand that their failures do not really arise in response to some deficiency or badness in me. Empathy for the other, thus, ultimately lessens my conviction of my personal badness. Empathy for other then contributes to empathy for self, which in turn expands the capacity for movement out of isolation and into connection. This is a powerful aspect of therapeutic change.

A woman whom I'll call Sue drew attention to these points. Sue initially appeared very depressed and unable to represent her own needs in her marriage or at work. Early in therapy, she recognized that she felt intense anger at her mother for her unavailability. While growing up, she was not allowed to know this anger, let alone express it. Instead, she felt (although she could not have expressed it at that time), "I'm no good. I have done something to drive my mother away from me. I better behave exactly as she wants me to — otherwise she won't come back at all. What a shit I am!" Here, then, was the first relational image: bad daughter/good but fleeing mother. In therapy, the first reworking of this relational image was: "I am really furious that she left me with baby-sitters all the time. Nothing about me was ever good enough for her. She was impossible!" The second relational image, then, was: angry, victim daughter/selfish, bad mother. Next she felt, "I really didn't get what I needed in my relationship with my mother. That makes me mad and sad. But as I come to understand more about her, I understand why she failed me as she did. She had a rotten time as a kid. Her mother was abusive with her. Her father, whom she adored, died when she was seven. As an adult, caring for five children sapped her energy, and my father was wrapped up in his work. I think she didn't know how to be closer to me and didn't have much energy." The third relational image was: limited, overburdened mother/empathic daughter. The problem was then experienced as a relational failure rather than just a failure of self or other.

In addition to a shift in her relationship with her mother, Sue's capacity to connect with others has changed dramatically. Once compliant, striving to be a "good girl," but secretly demoralized and enraged, she is now quite attuned and responsive to both her own needs and to others' inner states. The irony and central issue here is that, in developing empathy for her mother, Sue experienced increased empathy for herself, and her empathy for self enhanced her empathy for mother and for others. When faced with pain in current relationships, she now questions what

is going on in the relationship rather than blaming herself or the other person. This often frees her to work creatively at problems in the relationship and thus to move into increasing involvement. Her goal in relationships now is the establishment of mutual empathy. The intention is increased connection. This goes beyond the old model of sacrifice of self versus enshrinement of self.

The impact of therapy on the therapist

Finally, let us look briefly at how the therapist grows in therapy:

1) Therapy is not about being in a role; it is about creating a relationship organized around the primary task of assisting the client with self-defined problems. We make ourselves vulnerable to the client's impact on us; this means there must be room for mutual response, including growth-enhancing resonance and inevitable misunderstandings with the necessary work on their resolution.

2) Our own experience broadens through participation in another's inner world which differs from our own; we learn and take risks with new feelings.

3) Our self-acceptance increases. As we empathize with clients, attitudes toward our own experience are altered, just as in a sexual abuse group when women listen to one another's experience, they are often initially more accepting and forgiving of another's experience than of their own. It is through their empathy for the other that they develop self-empathy. Similarly, as a therapist I have often felt more accepting of myself when I was empathically present with a client struggling toward self-acceptance.

4) We find an expansion of a sense of "the unity of human experience." We aren't as different and separate as we sometimes think we are, and we welcome, without shame, that commonality.

5) We find an increased sense of involvement in the other's world and our sense of isolation and fragmentation decreases. Being with another person who is allowing us to join them as they draw close to their inner truth is intrinsically moving. We feel an increased sense of aliveness or what Jean Baker Miller refers to as "zest" (1986).

Empathic exchanges usher us into the fullness of relationship. Dialogue, interaction, and joining are the words that best capture the energetic flow of connection and therapy. In positing the development of an enhanced capacity for relationship and the desire to be in connection as the central intention in people's lives, we do not mean to overlook the importance, or

very real experience, of personal clarity, self-knowledge or self-expression. Yet, without movement from and into relationship, what is the self? And without empathy, can there be personal or relational development?

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