PSYCHOANALYTIC PSYCHOLOGY, 1991, *8*(1), 123–127
Copyright © 1991, Lawrence Erlbaum Associates, Inc.

Review by

John R. Suler, PhD
Rider College

Clinical Empathy, by David M. Berger. Northvale, NJ and London: Aronson, 1987, 294 pp., $30.00.

Few people would deny that empathy always has been an important aspect of psychoanalytic treatment. However, as Berger points out in *Clinical Empathy,* discussions in the literature about this topic have increased dramatically over the past 10 years. To a large extent, this rising interest is the result of Kohut's emphasis on empathy as both the essential healing factor and cornerstone of data collection in psychoanalysis.

In the first section of his book, in which he reviews concepts of empathy, Berger agrees that empathy facilitates the healing process and data collection, but he does not emphasize these ideas as strongly as the self psychologists; nor does he endorse other self psychological views about empathy. He only briefly discusses the role of empathy in the strengthening of self-structure through the analysis of selfobject transferences and transmuting internalizations. He does not agree that empathy occurs when the patient "feels understood" or that pathology necessarily stems from a lack of parental empathy in childhood. He does not believe that empathy is "warmth" and "acceptance," a view often attributed to self psychology. Instead, he assumes a broader, more traditional perspective, maintaining that "the term empathy should be used only to denote experientially knowing another person's inner state" (p. 228). It consists of an emotional component, which is the clinician's personal and theoryless reactions to the patient (similar to the self psychological concept of empathy as "experience near"), and an intellectual component, which is derived from the theories that guide and give meaning to the clinician's emotional experience (this component seems to violate Berger's definition of empathy as "experientially knowing"). In the psychoanalytic context, empathy is used to promote growth; but in other situations, according to Berger, it could be used to manipulate and hurt people.

Berger's definition of empathy broadens to the more generic idea of being

Requests for reprints should be sent to John R. Suler, PhD, Department of Psychology, Rider College, Lawrenceville, NJ 08648.

able to "understand" patients. As such, his book expands into a variety of general issues about better understanding patients' unconscious dynamics and helping them gain insight into themselves. It includes sections on how and when to interpret, dealing with resistance and transference, countertransference and other potential interferences to empathy, and empathy in supervision. Because it effectively mixes rudimentary and advanced ideas concerning clinical technique, the book will be interesting and useful reading to a wide range of psychotherapists.

Of particular interest is Berger's concept of the empathic therapist as the "reader of the patient's novel" who oscillates between the roles of "observer on the scene" and "external observer." He suggests that we listen to patients describe their lives as if each life were a novel unfolding, always looking for windows to enter their subjective worlds as observers on the scene who empathically share and resonate with their descriptions of their experiences. Though they may resist, we encourage them to tell their stories in terms of vividly described, dramatic action sequences that allow us to join them in that experience—a technique, also described by Silverman (1987), that revives emotional states via visual, auditory, and tactile images. In the role of external observer, we examine the flow of the narrative as a whole, looking for patterns, omissions, errors, and contradictions that reveal deeper unconscious realms of experience, which must be interpreted as hidden elements of the patient's story. We also interpret the transference and countertransference patterns that place us in the novel. By oscillating between observer on the scene and external observer (an idea that Berger needs to integrate with the concepts of experiencing and observing ego, and regression in service of the ego), we engage in a spiraling process of constructing, deconstructing, and reintegrating the patient's narrative. The therapist is an "editor" who helps the patient revise and advance his or her story. Over the course of therapy, empathy grows into a more and more complex understanding of a novel that evolves in richness and depth.

The factors that facilitate and hinder empathy are important themes in Berger's work. A breakthrough in empathic understanding may be preceded by a period of puzzlement, confusion, boredom—a situation of negativity and nonbeing described vividly by Sloane (1986). To enhance empathy and clarify hidden empathic distortions, Berger also suggests that therapists draw on spontaneous countertransference reactions as well as actively attempt to generate those reactions; for example, by deliberately recalling past, personal experiences that might parallel those of the patient (he does discuss the potential pitfalls in doing so). In keeping with his concept of the therapist as a reader of the patient's novel, he recommends drawing on situations and characters from classic and contemporary literature which portray human needs, motives, and conflicts that resemble those of the patient. Berger suggests that a therapist potentially can empathize with any patient's situation. He quotes the

Roman dramatist Terence, "I am a man; nothing human is alien to me" (p. 39). Some of us may doubt that everyone can empathize with all pathological states, especially borderline and schizophrenic experiences, though the idea that we all harbor a psychotic core (Eigen, 1986) includes the suggestion that there may indeed be few limitations to empathy. At the very least, empathic scope can be broadened through life experience and one's personal analysis.

To explore the vicissitudes of empathy, we must address the issue of its relationship to theory. Berger touches on this topic at various points in the book. His definition of empathy suggests that therapists have a theoryless, experiential understanding of patients, which is then shaped and given meaning according to their theory. On the other hand, he at times seems to say that theory is an epistemological lens that necessarily guides and limits what the therapist sees and understands. Which came first, empathy or theory? Ultimately, it is a chicken-or-the-egg dilemma that is not easily resolved. Because the theory that one chooses reflects and is determined by one's own personality dynamics, theory and emotional/experiential understanding are intimately, perhaps inextricably, intertwined.

The issue of the relationship between theory and empathy spills over into the debates between classical drive theory and contemporary psychoanalytic approaches, especially self psychology. Should therapists focus their understanding on conflict or deficiency? Is cure due to interpretation and insight or the empathic context of the patient–therapist relationship? Is the objective neutrality of the traditional analyst incompatible with empathy and do Kohutians overstate the importance of empathic understanding? Berger focuses on such questions and on a comparison of classical theory and self psychology throughout the book. He tends to encourage a false stereotype of self psychologists (they are simply warm and accepting, do not push towards deeper unconscious issues via interpretations, avoid transference anger). However, he ultimately tries to strike a balance between the two camps and place issues about empathy into a broader context. Like many clinicians, he concludes that the supposedly striking differences between the two theories are not so striking in the actual clinical setting. All patients' narratives present a mixture of themes about conflict and deficiency. To immerse ourselves flexibly into their subjective worlds, we need to draw on a variety of concepts and techniques. Berger's position may not be a rigorous theoretical synthesis of the classical and self-psychology approaches, but it clearly presents the nuts and bolts of clinical empathy that will make practical sense to every therapist.

There are some omissions and some areas that could be further developed in Berger's book. He only briefly mentions the experimental work of Truax (1966) and concludes that such "quantifiers" are not measuring the same entity that psychoanalysts refer to as empathy. Given the substantial body of empirical research on empathy, his judgment may be a bit hasty. An important movement in contemporary psychoanalytic psychology is the integration of

clinical and empirical research—particularly concerning development—of which Berger says very little. Although he emphasizes the patient's "narrative" and often speaks about the role of mental imagery in establishing empathy, there is no mention of Spence (1982) and few references to the literature on imagery in psychoanalytic treatment (see Horowitz, 1983; Reyher, 1977; Singer, 1974; Spence, 1982; also, particularly Kern, 1978). Discussions about empathy could also be greatly enriched by including ideas from the phenomenological branch of self psychology (e.g., Atwood & Stolorow, 1984) and from outside the psychoanalytic world; for example, the Rogerian and existential approaches, which place great emphasis on empathy.

Finally, Berger mentions but underplays two important, intriguing aspects of empathy—perhaps the essence of empathy as distinguished from simply "understanding" someone. As noted by Kohut (1984), an empathic therapeutic encounter involves a paradoxical condition of being merged with yet separate from the patient—a type of transitional phenomenon. Although psychoanalysis strives for the patient's psychological integration and individuation, oscillations into states of merger, symbiosis, and "oneness" (Silverman, Lachmann, & Milich, 1982) may paradoxically enhance this therapeutic objective. Also intriguing are the therapist's sometimes surprisingly accurate insights, intuitions, and hunches that spring from no apparent source, and which we may attribute to "empathy." A supervisee described a vivid image of her new patient's father as tall, pale, and bald—though the patient had not mentioned his physical characteristics. When I asked the therapist if that image reminded her of anyone, she recalled a tall, pale boy from high school who carried out his threat to shave his head when she declined his romantic interests. He also carved her name into his arm with a knife. We were alerted to the possibility of countertransference. However, in a later session, the patient described an incident in which she reacted to her boyfriend's involvement with another woman by threatening to cut herself with a knife—an identification with her father's narcissistic, self-punitive reactions to her interest in other men. The parallels were perhaps a surprising coincidence, but no more so than the fact that the patient's father did turn out to be tall, pale, and bald. Although we want to avoid mystical and parapsychological explanations of such events, as does Berger, our current theories sometimes fall short of accounting for the power and versatility of unconscious empathic processes.

REFERENCES

Atwood, G. E., & Stolorow, R. D. (1984). *Structures of subjectivity: Explorations in psychoanalytic phenomenology.* Hillsdale, NJ: The Analytic Press.

Eigen, M. (1986). *The psychotic core.* Northvale, NJ: Aronson.

Horowitz, M. J. (1983). *Image formation and psychotherapy.* New York: Aronson.

Kern, J. W. (1978). Countertransference and spontaneous screens. *Journal of the American Psychoanalytic Association, 26,* 21–47.

Kohut, H. (1984). *How does analysis cure?* Chicago: University of Chicago Press.

Reyher, J. (1977). Spontaneous mental imagery: Implications for psychoanalysis, psychopathology, and psychotherapy. *Journal of Mental Imagery, 1,* 253–273.

Silverman, L. H. (1987). Imagery as an aid in working through unconscious conflicts: A preliminary report. *Psychoanalytic Psychology, 4,* 45–64.

Silverman, L. H., Lachmann, F. M., & Milich, R. H. (1982). *The search for oneness.* New York: International Universities Press.

Singer, J. E. (1974). *Imagery and daydream methods in psychotherapy and behavior modification.* New York: Random House.

Sloane, J. A. (1986). The empathic vantage point in supervision. In A. Goldberg (Ed.), *Progress in self psychology* (Vol. 2, pp. 188–211). New York: Guilford.

Spence, D. P. (1982). *Narrative truth and historical truth: Meaning and interpretation in psychoanalysis.* New York: Norton.

Truax, C. B. (1966). Influence of patient statements on judgments of therapist's statements during psychotherapy. *Journal of Clinical Psychology, 22,* 335–337.