

**EMPATHIC “I”  
EMPATHY IN PSYCHOSYNTHESIS THERAPY**

**by**

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## PREFACE

In this fifth monograph of the Psychosynthesis Palo Alto Monograph series, Chris Meriam explores an essential but underdeveloped aspect of psychosynthesis theory and practice: empathy. He shows how empathy originates in Self and is expressed by the personal self or "I" as an integral part of Self-realization. He makes it clear that empathy for another can only arise from an empathic communion with Self and a resultant "self-empathy" for all aspects of one's own personality, from the depths to the heights.

Chris begins with a helpful introduction to empathy in some contemporary psychological thought, finding common ground among humanistic psychology, psychoanalysis, and psychosynthesis. He then outlines a psychosynthesis understanding of empathy—supported by an experiential exercise and his own personal sharing—that is based both upon the work of Roberto Assagioli and upon subsequent developments in the field.

He then follows this theoretical discussion of empathy with poignant case material drawn from his own psychotherapy practice. Here Chris invites us into his own subjective world as he struggles with the challenge of maintaining an empathic stance with clients. The first two cases—"Empathy and Negative Countertransference" and "Repairing a Non-Empathic Intervention"—show vividly that developing empathy can take the therapist on a painful path of self-confrontation, self-discovery, and self-transformation. The last case presentation—"Empathy through Mutual Inquiry"—is based on a session transcript showing the deep psychospiritual healing available within an empathic relationship.

Following our normal convention in these monographs, the first use of psychosynthesis technical terms will be rendered in bold type so the reader may know that these terms are elaborated elsewhere in the literature.

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# EMPATHIC "I"

## EMPATHY IN PSYCHOSYNTHESIS THERAPY

BY

CHRIS MERIAM

Empathy may be the single most important gift we as therapists offer our clients. When we are empathic we honor our clients by understanding their experiences, feelings, and "the unfolding coherence of the themes of their life" (Kahn 1991, p. 152). And most of us will agree that when it has been our good fortune to receive such accurate understanding from others, we have indeed received an important gift.

In the work that follows, the gift of empathy will be presented as perhaps the most essential ingredient in the client-therapist alliance and, more importantly, as a direct manifestation of **Self (Higher Self or Transpersonal Self)**.

However, prior to highlighting empathy in these important ways, it seems wise to investigate empathy from several current psychological approaches as a way of uncovering any basic common ground of understanding. We will therefore begin with such an investigation, then move to a study of empathy as it is currently understood in psychosynthesis literature, and finally, explore empathy via three case studies of psychosynthesis therapy.

### EMPATHY IN CONTEMPORARY PSYCHOLOGY

Let us turn our attention to a brief account of empathy as it appears in the writings of some who have influenced the course of psychological thought in recent years. We will discover agreement among these authors concerning the nature of empathy, its central place in psychotherapy, and the need for the empathic therapist to engage in his or her own psychological work. Here we find common ground among the disciplines of humanistic psychology, contemporary psychoanalysis, and psychosynthesis.

## Humanistic Psychology

Perhaps one of the most articulate supporters of the role of empathy in psychotherapy is Carl Rogers. Rogers elaborates his understanding of empathy in the clinical setting by posing a series of poignant questions to himself as a clinician, and then offering them to therapists as a guide for empathically understanding others. These include: "Can I let myself enter fully into the world of his feelings and personal meanings and see these as he does? Can I step into his private world so completely that I lose all desire to evaluate or judge it? Can I sense it so accurately that I can catch not only the meanings of his experience which are obvious to him, but those meanings which are only implicit, which he sees only dimly or as confusion?" (Rogers 1961, p. 53).

For Rogers, empathy is one of the three attributes the therapist must be willing to acquire as part of his or her ongoing development. The other two are congruence and positive regard. Together, these three form the stance of the therapist who can effectively foster a relationship with a client by providing a safe environment for the client to explore himself or herself.

Rogers further expresses in his writings that the effective therapist must learn to explore his or her *own* world view and subjective reality with an attitude of congruence, empathy, and positive regard, thus allowing the therapist to explore effectively the subjective world of the client. Rogers may have been ahead of his time in this thinking, as reflected in the following:

One way of putting this which may seem strange to you is that if I can form a helping relationship to myself—if I can be sensitively aware of and acceptant toward my own feelings—then the likelihood is great that I can form a helping relationship toward another. (Rogers 1961, p. 51)

For Rogers, therapists who accept the difficult task of being empathic in the therapeutic setting must at the same time be willing to become empathic toward themselves by means of careful attention to their own growth: "...if I am to facilitate the

personal growth of others in relation to me, then I must grow, and while this is often painful it is also enriching" (p. 51).

Rogers believes that the more genuine therapists become as people, the more genuine, and therefore the more helpful, they are in clinical relationships. This commitment to personal work is ongoing, never reaching its zenith, and a necessary and important part of the therapist's personal and professional maturity. Clinicians who commit to this ongoing development can then learn to make it an integral part of their work with others in the clinical setting.

## Psychoanalysis

*Intersubjective Theory.* In one of the new psychoanalytic paradigms called intersubjective theory, theorist Robert Stolorow describes empathy as an investigation "of the principles organizing the patient's experience" (Stolorow, Atwood et al. 1994, p. 38). This empathic investigation is coupled, in turn, with the therapist's introspective abilities regarding those principles which organize his or her own experiences. This includes the therapist's ability to "decenter" (to **disidentify** in psychosynthesis terminology) from his or her own organizing principles and perspectives which might interfere with understanding the patient's or client's world view.

Empathy is seen here as a sustained interaction of mutual influence whereby the therapist is at once deeply engaged in his or her own subjective experience and the subjective world of the client. Empathic inquiry then is aimed at helping clients bring into consciousness those unconscious organizing structures which cause them to experience life events in both validating and non-validating ways.

Although arising from a different psychological tradition than Rogers' person-centered therapy, the intersubjective therapist agrees with Rogers that client and therapist together make up a relationship within which the therapist can utilize interpretive skills empathically. The degree of empathy enfolding this relationship constitutes an integral and critical aspect of the client's wellness process. For Stolorow, the "therapeutic impact of the analyst's accurate transference interpretations, for example, lies not only in the insights they convey, but also in the extent to which they demonstrate the *analyst's attunement to*

*the patient's affective states...*" (Stolorow, Atwood et al. 1994, p. 11, emphasis added).

In order to convey effectively this attunement, Peter Thompson, one of Stolorow's colleagues, acknowledges that the therapist's empathic and introspective abilities toward the client must include

...the analyst's inquiry into those prereflective attitudes that form the underpinnings of his [the analyst's] character. Unless he does so, he may not come to understand how he inevitably repeats the failure of the patient's early environment. Such a search *of the self requires tolerance and empathy for oneself.* (p. 141, italics and brackets added)

This thinking is akin to Rogers' idea that the therapist's program of personal growth will lead to more genuine and helpful interactions in the clinical setting.

So far, we can see that both humanistic and intersubjective theories emphasize a need for the therapist to empathically understand his or her internal world view and subjective experience. Such self-empathy on the part of therapists is crucial if they are to be empathic with clients in any stable and ongoing way. Let us see if this emphasis is echoed in self psychology.

*Self Psychology.* Self psychologist and theorist Heinz Kohut describes empathy as a "vicarious introspection" and "the capacity to think and feel oneself into the inner life of another person [while] simultaneously retaining the stance of an objective observer" (Kohut 1984, p. 82, 85). Kohut believes that the empathic therapist acts as a model for the client. In very real terms, the therapist becomes a living example of a mature "other," which Kohut calls a selfobject. The client internalizes versions of this and other healthy selfobjects as a result of these interactions with the therapist and with significant others.

If these selfobjects are "soothing, stabilizing, and self-esteem-maintaining" (Bouson 1989, p. 20), then the client is offered an empathic context for gradually developing a healthier locus of identity and self-sustaining capacity for living in the world. This is described by Kohut in optimum terms as being "less indi-



vidual and more group oriented, less focused on specific persons and more easily displaceable to other individuals" (Wolf and Wilson 1980, p. 210).

Kohut's understanding of empathy which is to "think and feel oneself into the inner life of another person," while remaining an "objective observer," signifies a skillful management of the clinician's empathic abilities. Kohut admits that this is often a difficult task for the therapist, requiring self-reflection in order to remain insightful and attuned to the client's subjective experience.

...many times when I believed that I was right and my patients were wrong, it turned out, though only after a prolonged search, that my rightness was superficial whereas their rightness was profound. (Kohut 1984, p. 94)

Such a "prolonged search" could only be gained through one's own analysis, reflection, and introspection—a process of personal inquiry recommended as well by the above thinkers.

## Psychosynthesis

Psychosynthesis founder, Roberto Assagioli, implies that the empathic stance is central to psychosynthesis therapy:

We use a pragmatic attitude and seek—essentially—to respond to the immediate interest of the patient, to meet him [or her] on the ground of his immediate major preoccupation... So, in practice, there is no rigid system, but a responding to the actual need of the unique situation of each patient and at each stage of the patient's life. (Assagioli, 1965, p. 86)

Assagioli tells us that "genuine existential understanding is not possible without *empathy*, i.e., the projection of one's consciousness into that of another being" (Assagioli 1973, p. 88). He goes on to say that empathy can be accomplished through practice and training as a way of gaining a "wider humanness" (p. 89). This "wider humanness" for Assagioli culminates in an

enhanced attitude of “compassion, fellowship, and solidarity,” leaving judgments and criticisms of others behind. Here Assagioli’s idea resembles Kohut’s conclusion that the introjection of empathic selfobjects leads one to more group orientation and inclusion of others.

Assagioli suggests that if we are ever to appreciate the immense diversity inherent in others, we must be willing to recognize and appreciate the diversity in ourselves. He tells us that this is possible because there is an “essential unity of human nature existing beneath...all individual and group diversities” (p. 88). This fact enables us to fathom and embrace the elements in such seemingly opposite human conditions as a murderer and a saint.

The practice of empathy, then, becomes what “one wills to understand” about another (p. 89). This other-directed willingness, however, is based upon an inner-directed willingness to understand the rich tapestry of impulses and complexes forming the backdrop to our own lives. Achieving this teaches us that the conflicts and sufferings of others are similar to our own. Here again we find a contemporary innovator in psychological thought urging us to look within ourselves in order to understand another.

Current psychosynthesis writers and teachers express similar views. For example, Piero Ferrucci indicates that in order to experience “the joys, pains, dreams, and secrets of another, we must first know our own” (Ferrucci 1990, p. 29). John Firman and Ann Gila continue this theme by stating: “One cannot form an empathic connection to the deeper levels of another unless one has established an empathic connection to those levels in oneself” (Firman and Russell 1994, p. 228). In another example, Diana Whitmore suggests that acceptance of another can best be gained if the therapist is willing “to practise it on herself” (Whitmore 1991, p. 27).

Finally, Assagioli takes empathy a step further beyond both humanistic and psychoanalytic theorists by giving it a source. He understands that human empathy actually derives from a transcendent Reality—a “spiritual Self who already knows his [the individual’s] problem, his crisis, his perplexity” (Assagioli, 1965, p. 204). The individual builds relationship to this empathic, spiritual Self through an inner-directed process of dialogue, as one might intimately converse with a wise guru or spiritual

teacher. This technique of **inner dialogue** has the added effect of expanding one's own capacity for empathic self-understanding.

Molly Brown's imaginary engagement with a "perfect companion" utilizes a similar approach to increasing self-empathy through an encounter with a deeper, empathic source within (Brown 1993, p. 47). In this exercise we are encouraged to empathically understand the distressing situations in our lives as a way of building "our sense of relationship with Self" (p. 48).

Firman and Gila make their own compelling argument for empathy deriving from Self. Their idea is that throughout early development, one's empathic connection to numerous **unifying centers**—holding environments and significant relationships—allows for personal being. They then refer back to Assagioli's understanding that personal being, in actuality, derives from Self, and conclude from this that the deepest empathic connection flows from Self. Our relationship to Self, then, is of a "profoundly empathic" nature (Firman and Russell 1994, p. 54).

By acknowledging Self as the source of empathy, Assagioli is telling us that empathy is by its nature an energy of the spirit—an energy and a gift which is continuously available to us. In addition to positing Self as the source of empathy, Assagioli admonishes us to practice empathy in order to realize this gift in our lives and to honor our co-creative relationship to Self. I believe that Assagioli is inviting us to bring empathy to every portion of our personal and interpersonal lives as testimony to our spiritual natures, our Divinity. Rather than restricting empathy to those situations in our lives we find tenable, he urges us to find the fit of empathy—and therefore the fit of our relationship to Self—in every aspect of our lives.

## Summary

In each of the theoretical approaches cited above, we see that empathy is essential to psychotherapy and that empathy begins at home with self-empathy. Engaging ourselves in such self-exploration and self-understanding helps us to develop a kind of barometer for assessing and maintaining empathic responsiveness and attunement toward the client. Rogers' "unconditional positive regard," Stolorow's "investigation of the principles organizing the patient's experience," Kohut's "ability to think

and feel oneself into the inner life of another person," and Assagioli's "projection of one's consciousness into that of another being," will only occur to the degree that we as clinicians enter empathically into our own subjective worlds. The key here seems to be an empathic relationship to ourselves at all levels of our personality, which allows for an empathic relationship to others.

Thus the client's ability to heal, that is to internalize and integrate any degree of self-empathy, seems to depend upon our having accomplished some degree of this for ourselves. Empathy begets empathy. We cannot expect our clients to gain for themselves what we cannot accurately model with congruity.

It is well for us to remember then that our commitment to empathic self-understanding allows us to be more accurately and responsively attuned to our clients. This in turn provides the proper environment for our clients to heal from the injuries in their lives and to discover budding aspects of their human potential. Seen in this way, empathy is indeed an essential feature in the therapeutic alliance.

With these understandings, let us now begin to build a psychosynthesis theory of empathy which takes into account, first and foremost, Assagioli's important idea that empathy derives from Self. We will combine this with the common agreement discovered above that empathy develops in us through our willingness to investigate the heights and depths of our own subjective world.

### **WHAT IS EMPATHY?**

Most of us as therapists equate the term empathy with some of the following:

- Truly understanding our clients' perspectives.
- Respecting these perspectives even though they are different from our own.
- Supporting our clients' efforts at change no matter how great or small the changes seem.
- Valuing clients as whole people, beyond the problems they are presenting.
- Providing an atmosphere of unconditional acceptance for our clients.

These abilities and the qualities they reflect—qualities such as understanding, respect, support, validation, and acceptance—constitute significant aspects of the empathic alliance in the clinical setting. Therapists who embody these abilities recognize that their clients have ingeniously created themselves and their lives in ways that have allowed them to survive, and even thrive, within nonempathic and injurious environments. These therapists also recognize that the power of the empathic relationship is integral to healing and growth.

An exploration of empathy from a psychosynthesis viewpoint reveals the following: the therapist is able to engage the subjective world of the client without becoming lost in that world or losing sight of the totality of the person distinct from that world. This ability constitutes an important guide to empathy because it reflects the therapist's capacity for **I-amness** and **disidentification** within the array of issues and experiences presented.

Beyond this, true empathy viewed from a psychosynthesis perspective is understood to be spiritual in nature. As we have already seen, Assagioli demonstrates his grasp of this crucial key to understanding the true nature of empathy *when he gives empathy a source*. He maintains that empathy emanates from Self and that, because we exist as reflections of this Self, we hold the gift of empathy.

If we agree with Assagioli's understanding, then we must also agree that when we experience empathy in our lives, we are accurately experiencing our unbroken relationship to empathic Self. We recognize Self as the true source of all our empathic encounters.

This deeper understanding and experience of our relationship to Self is necessary if empathy is to be grasped in its entirety and conveyed effectively in our personal lives and in our clinical work. With this understanding, let me now place these ideas about empathy in the context of a brief exercise:

Take a moment and recall a difficult experience you've had recently. This might be an event where you felt a welling up of intense feelings such as anger, disappointment, envy, shame, or fear. Try recalling the intensity of the feelings and the situation that provoked them.

Imagine these feelings are related to a part of you needing your attention and caring. In a manner similar to the way you would attend to a friend, a loved one, or perhaps a child in distress, try extending yourself to this part of you, embracing it, so to speak, within a spirit of empathic responsiveness and understanding. Notice the quality of your presence to and engagement with this part of you. Is your heart open? Closed? Do you resist or fear becoming too accepting? Do you find yourself getting caught up in the issues? Are your thoughts focused? Scattered?

Now, as you attempt to empathically engage this aspect of yourself, imagine or remind yourself that behind you, under you, or surrounding you is the energy and presence of empathic Self. Try sensing that as you remain in some degree of empathic relationship to a distressing aspect of yourself, you are in turn being empathically embraced and unconditionally valued by the larger presence of Self. Take some moments to sit with this awareness, perhaps reminding yourself that empathic Self maintains a continuous and loving relationship to you throughout all your life experiences, even as you struggle with accepting your own difficulties and the difficulties of others.

After completing this exercise, note what awareness arose as you simultaneously experienced giving and receiving empathy. Could you feel an engagement with the empathy of Self at the same time that you were attempting to come into empathic relationship with a distressing part of yourself? Was it difficult or easy to remain open to the possibility that Self could love and value you even though you may find it difficult to love and value a part of yourself? In what ways might the empathic or nonempathic stances you assume toward yourself be reflected in your acceptance or nonacceptance of others?

This brief exercise begins to reflect the importance of our relationship to Self as we offer empathy in psychosynthesis

therapy. Empathic Self interpenetrates our repertoire of skills and interventions in clinical work, forming the foundation and context for true empathy. Self provides our deepest validating environment.

Here then is the source of our guidance as we learn to extend empathic integrity into all areas of our daily living. We participate consciously in our relationship to empathic Self for inspiration and insight as we attempt to make contact with distressing issues in ourselves and our clients. When we do this, we emulate and reflect empathic Self. With these understandings in mind, we can begin to outline the empathic stance of the psychosynthesis therapist.

### Three Principles of Empathic Inquiry

Empathy conveyed in the psychosynthesis clinical setting includes a triple focus:

**First**, we willingly immerse ourselves into the client's subjective world as a way of knowing that world, holding ourselves distinct but not separate from that world.

**Second**, we actively and fully respond to the client as he or she engages the vast range of human experience, holding him or her distinct but not separate from the issues at hand.

**Third**, we recognize Self as the true and constant source of empathy and acknowledge that our conscious relationship to Self is the context for accurately conveying true empathic understanding to our client.

The true integration of these three principles of empathic inquiry in therapy, underscored by the assumption that the therapist has entered into his or her own program of self-healing, allows the psychosynthesis therapist to enter fully into the client's world without loss of integrity to the process at hand.

The empathic "I" (or **personal self**) of the therapist, understood and acknowledged as emanating from empathic Self, engages the phenomenal world of the client at both personal and transpersonal levels, and from a position of acceptance and responsiveness. This allows the therapist opportunities to offer interventions based on an emerging understanding of the client's subjective world as an interpenetrating mixture of **higher un-**

**conscious, middle unconscious, and lower unconscious** material—of personal and transpersonal activities and states of awareness—all underscored and held together by a deeper empathic Self. (See the discussion of **personal psychosynthesis, transpersonal psychosynthesis, and Self-realization** in Firman and Russell 1993; Firman 1996.)

The subjective world of the therapist, far from being lost in this process, is enhanced and expanded by having embraced and explored an internal reality distinct from his or her own. The world view of the client, far from being obliterated or overridden, is enhanced and expanded by having been embraced and explored through an understanding “other.”

Let us now take our understanding of the nature of empathy and place it in the context of Assagioli’s concept of “I.” Here we find that true empathy, as it emerges from the essence of “I,” is **transcendent-immanent**, that is, distinct-but-not-separate from the captivating contents and structures of experience. We discover that “I” engages phenomena without becoming lost in phenomena, allowing the natural energy of empathy to pervade any and all experiences within ourselves and others. This idea ties back to the first two principles of empathic inquiry: we willingly immerse ourselves in another’s subjective world in order to understand and respond to it, holding ourselves and them distinct but not separate from the issues at hand.

### EMPATHIC “I”

There is an important feature in psychosynthesis theory that is directly related to the subject of empathy. This is Assagioli’s explicit understanding that our unconscious **identifications** with psychological patterns lead to a constriction of consciousness and will, which in turn inhibit growth and healing. This point is clearly made in Assagioli’s famous and often quoted phrase, “We are dominated by everything with which our self becomes identified” (Assagioli 1965, p. 22). In this phrase, Assagioli implies that the unconscious identifications we hold in our lives actually reflect inner empathic disturbances because they tend to limit us to behaviors and perspectives dictated by the identifications.

In other words, when “I” is **identified** with a particular psychological pattern, we will perceive, think, feel, sense our bod-



ies, imagine ourselves, even intuit, from within the confines of that pattern. Our ability to express ourselves empathically will be conditioned, and sometimes eliminated, by those identifications which tend to control and dominate us from within.

When we become unconsciously identified in this way, we have momentarily lost our ability to reflect the first principle of empathic inquiry—we are no longer "distinct but not separate" from the subjective world which has captured us.

Please note in addition that the empathic nature of "I" includes not only the attributes of observation and awareness, but also responsibility, power, and choice. "I" has **consciousness and will**. Thus the empathy of "I" offers both the freedom and the opportunity to heal the injuries beneath unconscious identifications—"to heal this fundamental infirmity of man" (As-sagioli 1965, p. 21).

Empathic "I" can be aware of identifications without being imprisoned by them, and so can actively explore these identifications and their underlying earlier wounding. As we begin to understand this remarkable capacity of "I," we can perhaps imagine ourselves being privy to some of our most difficult and undesirable complexes and traits, actively working with them, and not becoming lost in the process.

### "I" as Transcendent-Immanent

The characteristic of "I" most directly related to empathy has been referred to as the **transcendence-immanence** of "I" (Firman 1991; Firman and Russell 1994, p. 99). At this level we discover "I" is capable of disengaging from strongly held identifications without cutting off or moving away from these difficult complexes and patterns.

This dual capacity of "I" results in a deeper empathic relationship to our issues, allowing us, with awareness and will, to engage empathically in the work of repairing and healing inner conflicts. We are simultaneously immanent within the content and the issues at hand and transcendent of their limiting perspectives.

From this we may conclude that the two attributes are really one process, two expressions of one dynamic, forever linked together and forever revealing one another. This implies that transcendence from an emotional, physical, or thinking state,

while invariably leading to expanded awareness, always includes maintenance of relationship (immanence) to the transcended content or issue—the expanded awareness contains, holds, and remains in immanent, empathic contact with that which it has transcended. We experience a distinctness from our issues without breaking relationship to them, i.e. “distinct-but-not-separate” (Firman and Russell 1994, p. 59).

The first principle of empathic inquiry, applied to ourselves, is reflected in this transcendence-immanence of “I.” We willingly explore our subjective world as a way of understanding that world, holding ourselves distinct but not separate from all that we encounter. We do not lose our sense of “I” in the process. When we relate to ourselves in this way—simultaneously transcending and engaging the vast array of psychological content, both positive and negative—we become more deeply self-understanding, self-empathic.

Taking this into the realm of therapy, we engage the inner world of a client in much the same way. That is, we remain distinct but not separate from that world. This then offers us an opportunity to fulfill the second principle of empathic inquiry which is to engage the client in a similar fashion, i.e., distinct but not separate from the issues at hand. When we do this, we hold our clients in their I-ness, thereby offering them opportunities for empathic engagement with any and all of their subjective experience.

### **A Potential Misreading of Empathic “I”**

The reality of the transcendence-immanence of “I” offers each of us the potential to engage empathically our vast realm of inner experience. This self-empathy includes choosing to experience fully any specific subjective state as well as choosing to be submerged in any particular psychological content. This is how we become empathically present to our subjective experience. Intense internal states such as anxiety, rage, sadness, or grief must often be explored thoroughly and courageously if we are to expand our ability to hold these states within an empathic field.

If, however, the individual misinterprets transcendence as an escape from unwanted identifications and difficult psychological content, then the deeper transcendent-immanent capac-

ity of empathic "I" for engaging the vastness of subjective experience is ignored. Here, one breaks empathic relationship with psychological content by remaining separate from unwanted emotional, mental, and imaginal experiences. This active withdrawal from psychological content is the antithesis of empathy and accounts for limited access to insight and knowledge of self and others.

In view of the potential for misinterpreting the transcendent-immanent capacity of "I," let us remember that the practice of empathy, to paraphrase Assagioli, is a way we come to deeply understand our inner and outer relationships. And, as we have seen, this deep understanding includes the larger world as well. Our personal experience of empathy then is actually part of a much greater reality which belongs to Self. Our relationship to empathic Self is the context enabling us to convey true empathic understanding in our lives.

Here we find the third principle of empathic inquiry: empathy is rooted in the I-Self relationship and a constant energy emanating from Self to the individual. As a way of understanding the capacity of "I" for empathic relationship toward the full spectrum of life events, let us back up a bit and investigate more fully Assagioli's understanding of Self as the deeper ground of our being and the empathic source from which "I" emanates.

### EMPATHIC SELF

As we have seen, it is the essential nature of transcendent-immanent "I" that accounts for our potential ability to engage in empathic relationship to ourselves and others. But where does this transcendent-immanent "I" come from? Assagioli tells us that "I" comes from Self, and further states that "I" has "no autonomous substantiality" apart from Self (Assagioli 1965, p. 20). Self is the deeper reality responsible for one's being. Therefore, a sense of personal self or "I" exists as a relational emanation of Self, forever linked to Self: "There are not really two selves, two independent and separate entities" (p. 20).

This implies that there is no place one can be in one's psychology, one's life experience, one's relationship with others, where Self is not. How could it be otherwise? To assume that Self connects with us through certain experiences and not through others denies Assagioli's unequivocal statement about the inviolate and unbreakable nature of the I-Self relationship.

"I," capable of empathic encounter with all psychological content, is actually reflecting a deep relationship with empathic Self. This Self is distinct but not separate from "I" and is therefore simultaneously immanent within, and transcendent of, all conscious and unconscious aspects of human experience.

The relationship of "I" to Self is on the order of Cosmic Dependency, of which the ordinary individual is for the most part unaware. The bond between "I" and Self, however, is neither lost nor broken no matter if we are awake, asleep, or caught up in the overwhelming vicissitudes of life experiences.

One could say that Self is supremely aware of and forever inviting a relationship with "I," even though "I" may experience different degrees of this relationship or even have no awareness of it at all. This enduring relationship of Self to "I" means that even when "I" is submerged, captured, limited, and bound, or to the contrary, revealed, liberated, released and freed, there is Self. "I," often unaware of this ineffable bond with Self, is nonetheless in a state of constant relationship with Self. Self, eternally linked to "I," is present to "I" throughout the human journey.

In conclusion, we can see that transcendent-immanent "I" derives from transcendent-immanent Self. Empathic Self is the deeper reality responsible for our existence and the source of our capacity for true empathy. This unbreakable relationship to Self establishes our divine right to engage every aspect of our lives with the same unbroken presence with which Self engages us.

### **The Omnipresence of Self**

Assagioli tells us that the influence of Self upon the individual is accomplished primarily through the higher unconscious, "by radiation from and through the superconscious level" (Assagioli 1973, p. 126). This thinking, however, is not congruent with his understanding of the transcendent-immanent nature of Self, *because it apparently limits the operation of Self to the higher unconscious*. The implication is that we can only know Self or maintain empathic relationship with Self through the positive experiences of the higher unconscious—through "our higher intuitions and inspirations—artistic, philosophical or scientific, ethical 'imperatives' and urges to humanitarian and heroic action" (Assagioli 1965, p. 17).

In truth, most of us report far more commonplace experiences. We are in and out of difficulties, become stressed or ill, and occasionally enter deeper periods of darkness in our lives. Does this mean that when these situations and crises occur we are living outside of the influencing nature of the I-Self relationship? Or worse, must we conclude that we have been abandoned by Self and can therefore no longer empathize with ourselves or others? The answer of course is "No."

However, if we confuse this distinction between Self and the higher unconscious—a distinction Assagioli carefully maintains—we might attempt to sidestep the difficulties in our life by reinstating our relationship with Self primarily through a driven quest for superconscious experiences.

And to believe that empathic Self is only available to us through these positive, higher unconscious experiences is to segregate our relationship to Self from the entire drama of our lives. Such a belief simply reveals our own difficulties in bringing together polarity experiences such as joy and suffering in some ongoing fashion in our lives.

Let me exemplify my thinking here with a recent entry from my personal journal. As I share this with you, see if you can identify some of the principles of empathic inquiry embedded in the unfolding experience.

This morning I sit in prayer, discouraged, angry, and confused. I do my usual intentional connecting with Self, nature, etc. I speak out my anger and hopelessness directly to Self. My situation has not changed. Nothing is happening in my life, no movement is occurring, no changes are imminent. My heart is closed. The events that seemed to portend an opening and a new beginning for me a few days ago, are gone. Nothing positive seems to have come from them. It is clarifying for me to speak this way. I feel present and deeply connected to my pain and confusion. The awareness that comes up for me is that I feel very available to myself right now.

As I sit more with this, I can also feel held and supported in my pain and despair—no move-

ment, no inrush of happy feelings—just held. It strikes me that this is Self, the Empathic Therapist at work, engaging me as I attempt to build a bridge with my anger and frustration. I'm more congruent with my feelings now.

I am reminded of how often I attempt to provide a validating, empathic atmosphere for clients as they wrestle with their own difficult feelings and experiences. Often we end a session and they are still with their pain. Their struggle is not resolved but they seem more able to cope and they often tell me so. Right now I feel this way. More able to cope, not especially liking the experience, but definitely more present to a difficult cycle I am going through.

In this experience, I am not left with a higher sense of purpose or meaning for my life, nor do I feel buoyed up with happiness. I do, however, feel sober, clearheaded, and present to my predicament. I have—or more specifically “I” has—momentarily disidentified from the grip of anger and despair. Because of this, I can now relate to these feelings without drowning in them, making them go away, or supplanting them with altruistic feelings. I feel immanent within these difficult feelings and simultaneously transcendent of their compelling power. I experience a distinctness from my issues without breaking relationship to them, i.e., I am distinct-but-not-separate.

Coincidental to this, I also feel what I would call an engagement with empathic Self and I feel Self engaged with me. This is not a lofty experience, but rather a subtle sense of encountering an energy or presence, and of being acknowledged by this presence in a way that allows me to maintain my focus on the difficult feelings. This is, of course, a subjective awareness and open to any number of interpretations from others. But my own lens of experience tells me that I am encountering something different from normal consciousness.

This deeper awareness of an empathic “Thou” seems to occur as I consciously choose to engage my life issues. It is my sense that just beyond these issues, or just under them, or around them, Self is present to me and to the issues I am attempting to

understand. Here I am momentarily conscious of an abiding relationship with empathic Self, and far from influencing me through an expansive experience of the higher unconscious, I am being invited to remain congruent to the pain in the moment.

The overall influence of empathic Self and the capacity of the I-Self relationship to hold me in transcendence-immanence as I willingly choose to experience my subjective state and engage fragmented parts and processes, allows me to feel "present and deeply connected to my pain and my confusion." I become more self-empathic.

### **In Conclusion**

Self fulfills the requirements of true empathy by maintaining unbroken relationship to "I" throughout the vastness of life experience. Self, as the true empathic source of "I," is potentially discernible at all levels of human encounter, from the tragic, through the ordinary, to the sublime. In each case and at each level, Self engages us with profound empathy, with or without our conscious awareness. Our own potential for engaging empathically the vastness of our life experience is a given, since we do not exist apart from Self.

Taking this further, we might conclude that empathy is the key to understanding our connection to all forms of life and all existence. We may even have a keen sense that everything from the tiniest particle of sand to the most distant star is held together in empathic wholeness. Acknowledging this brings us to an irrefutable conclusion that it is our challenge, as projections of Self, to reflect the spiritual dynamic of empathy with increasing coherency within ourselves and in our relationships with others.

The appropriate response of "I" to this continuous engagement with Self is to emulate Self's empathic presence through a personal program of introspection, integration, and healing. This results in greater empathy toward ourselves and others.

With these understandings in mind, let us now investigate empathy in the clinical setting and return to the three principles of empathic inquiry as they are revealed in the therapist's alliance with the client. We shall examine two cases in which empathy demanded that the therapist engage in honest and

painful self-empathy, and then a case in which empathy took both client and therapist gracefully towards some deep healing work.

### EMPATHY AND NEGATIVE COUNTERTRANSFERENCE

Assagioli suggests that we hold within us the potential for experiencing the full spectrum of psychological content from love and joy to hate and misery, from saint to murderer. It is this very ability to empathize with a full spectrum in ourselves which allows us to empathize with a full range in others.

Therefore remaining open to the full range of another's experience can demand that we remain open to perhaps difficult and painful levels in ourselves, levels which can necessitate our own healing and growth. The following is a case which demonstrates this.

A 28-year-old client has been in therapy for the past three years. She has a morbid history of battering from her mother and sexual abuse from her father. Often the most innocuous and slightest suggestions from me concerning the impact of these dreadful childhood experiences on her current life will trigger a post-traumatic reaction laden with intense, almost catatonic fear and vivid memories of entrapment and brutality.

During one traumatic episode, I held my client's hand at her request, and encouraged her to maintain visual and vocal contact with me as she relived the distressing memories.

As the flood of memories and visceral reactions peaked and began to ebb, I found myself irritated and impatient with her process, suspecting it to be manipulative and controlling. I had previously experienced this reaction to her traumatic episodes but only, I thought, because they tended to occur near the end of our time together



requiring that our sessions be extended. This time, however, there was time to process the experience and end the session on time.

Upon examination, my irritation toward my client seemed related to several issues:

1) I was chagrined that she could quickly be captured by intolerable sensations and images before I could intervene.

2) I was frustrated at not having a way to relate to her, that was acceptable to me, as she held herself rigidly in control yet seemingly out-of-control and unable to ward off the vivid experience of attacks from her imagined assailant.

3) She provoked a deep incompetence in me and a sense that I was helpless to do anything except sit and wait as she weathered an internal storm.

4) Her method of regrouping from these experiences provoked a skepticism in me. Her halting voice and downcast eyes at the end of sessions as she tried to ask me to explain these intense episodes seemed contrived and rehearsed and brought up words in me such as "pretending," "overly dramatic," and "needy."

This time my internal reactions left me feeling ashamed and concerned about the appropriateness of my clinical skills. Here I was challenged to move beyond the shame from my punishing superego voice (**survival shame**) and listen to my **authentic shame**, that shame which comes from being out of touch with my own truth, my own relationship with Self (Firman and Gila 1994, 1997).

Non-defensively searching for the truth of the situation, I became suspicious that a link between my relationship with my client and my early relationship with my mother had been activated. Therefore, asking Self for guidance and support, I undertook a careful self-examination to discover what it was I didn't trust about my client's experience and why she triggered such strong reactions in me.

### **Self-Exploration**

I began by recalling my own responses as a child to my mother's pain and despair. It seemed that at an early age I could feel her distress as though it were inside of me. If she was ill, I

would take my allowance to the local dime-store and buy her a present. If she was distressed, I felt compelled to do things with her until I sensed she felt better. If she was angry at me she would withdraw emotionally from me and I could not rest until I gained back her warmth. In nearly every instance I can remember, my emotional well-being was conditioned by, and dependent upon, hers.

Often, when she felt better or I believed I had managed to make her feel better, she would suddenly become involved in her own activities and friendships, leaving me to attend to myself. My importance in her life at those times was dashed against my own sense of her betrayal and abandonment of me. It seemed that I was forever attempting to secure her unbroken love for me, only to be dropped by her when she felt better.

My inability to come to grips with these invalidations led to a cycle of falling into tantrums whenever I became overwhelmed with emotions I could no longer contain. These episodes of kicking and screaming, however, invariably caused a deeper sense of shame and separation in me, since they provoked a stern retribution from my mother who stood over me, scowling and demanding that I "straighten up and be quiet." Recalling these early times brought up a pattern of enmeshment with my mother and ongoing disdain and rejection from my father, extending over a long period of my life.

By the time I was an adolescent, my mother had developed a mysterious physical condition which she simply called "face ache" and which no amount of medical intervention could cure. This condition developed shortly after my parent's marriage began to fail. By all accounts, every episode—which could occur several times during the day, and always at night—seemed to put her on the edge of intolerable pain. She would be up at night, moaning and rocking and holding the side of her face until the pain subsided. These episodes would last 15 or 20 minutes at a time.

Naturally, I was awake as soon as I heard her get up. In dutiful fashion I would also get up and sit with her until the pain subsided. There was never anything I could do except sit in silent agony as I watched her in her distress. This went on for several years—my mother as the tortured martyr and I as the helpless sufferer.

It was not until I entered counseling a number of years later that I began to understand how much I had become entrapped in the drama of my mother's life, and how much she counted on my being part of these intense dramas. I was her confidant, her support, her champion in her distress. And yet, no matter how much my mother seemed to suffer either emotionally or physically, these episodes provoked in me a subtle, gnawing suspicion that she used the pathos of her illness to evoke sympathy in myself and others. As I willingly reconnected with these early, difficult memories from my life, my awareness expanded to include my current dilemma with my client.

### **Connecting My Past with My Present**

I understood, for example, that so much of my client's out-of-control behavior and intense need for my touch and voice as she went through her trauma mirrored my own early needs for unbroken contact with caregivers. At the same time my irritation and impatience with my client's process became my mother's reaction to me—likely a defense against her own helplessness and confusion as she witnessed my tantrums.

Additionally, my helpless feelings in session were linked to my inability to act in a manner which would bring relief to my client. Sitting and holding my client's hand and maintaining verbal and visual contact were not enough for the part of me—the helpless child—who needed actively to restore his mother's good feelings in order to feel safe and cared for again. Furthermore, my client's drama was simply too close to the memories I had sequestered as an adolescent around my mother's dramatic and painful condition, and my impotence to "cure" her.

My distrust toward my client, especially the way in which she would attempt to engage me for reassurance at the close of a session, mirrored the "gnawing doubt" I felt around the drama in my mother's life. For it was true that in spite of my mother's physical ailments, she was a strong and determined woman who used her problems to bend reality, thereby gaining the attention and sympathy she craved. I was never a match against these emotional seductions. In the end, she would always have me convinced that I was special for understanding her.

This awareness helped me to understand that underneath my client's seemingly scripted and rehearsed endings to her

sessions, coupled with her childlike way of clinging to me for reassurance, lay an intense need to be accepted by me. Equally intense for her was a deep fear that any need she had for attention would be met with further retribution and rebuke from caregivers. Her profound need for me to remain accepting and responsive during these traumatic episodes, coupled with her fear that revealing herself at any level of wounding would only lead to more punishment, created a kind of artificiality in her affect as she attempted to regroup and simultaneously ensure that I still cared for her. And, not surprising, she evoked in me my own countertransference issues of mistrust and skepticism, the very reactions she was trying to avoid.

In the end I found that my willingness to “practice empathy”—in this case, to investigate my resistance to my client within the context of my past life experiences with my mother—offered me rich insights and rewards on a clinical and personal level.

### **Clinical and Personal Rewards**

Clinically, my attitude toward my client’s process improved. I was more able to engage her with a sustained openness. Additionally, I carefully set up with her clear boundaries in our work which included a willing effort on her part to disclose her issues earlier in the session with the last fifteen minutes devoted to debriefing and grounding. This meant she would have to investigate her personal issues and needs from a more conscious place inside, present them at the beginning of the session and then trust our relationship to hold them. This took her time to develop but it has worked for the most part. Periodically, I reminded her of our agreement and ask her to return to these agreed upon boundaries.

Equally as important, I remained more empathic to her as well as to the depth of her wounding without getting sidetracked by my own issues. In other words, I was more able to fully respond to her, and to hold her and me, distinct but not separate from the world she was presenting. This helped me to guide her quickly out of difficult identifications and entrapments until we could set up the appropriate cues and safeguards such as keeping her eyes open and focused on me, standing up and walking around the room to interrupt the emotional flooding, listening to my voice as an anchoring tool, and so forth.

I have been more consistent in assuaging her fears that I might reject her needs, issues, and self-disclosures just as her early caregivers did. Overall, my personal investigations have softened my judgments about my client's behaviors and actions in therapy and allowed for deep understanding and attunement.

Personally, I gained a richer, empathic understanding of portions of my early life. I noticed after this investigation that I held a deeper appreciation for my own struggles as a child and adolescent and for how dramatically I have been shaped by the limitations of my parents. My view of my mother's life has become sharper and more understanding.

This has been a gradual awakening for me—a process of personal investigation I began years ago. Each time I return to it and attempt to embrace it and understand it from yet another perspective I am led further along a maturing viewpoint regarding the dramas and dynamics of my family of origin. Out of my willingness to extend empathic inquiry into my own subjective world, I am led further along a maturing relationship with my clients, and more particularly, with Self.

## **In Conclusion**

The insight and understanding gained by investigating my negative countertransference issues through personal work supports Assagioli's point that empathy can be learned through practice. Without the clinician's willingness to understand himself or herself in relationship to another, true empathy is lacking. In psychosynthesis terms, it is the individual's open responsiveness to himself or herself through the activation of "I"—under the guidance of empathic Self—which ultimately allows for an open, responsive relationship to others. The practice of empathy is the practice of I-consciousness through a learned ability to manage transcendence-immanence in one's subjective world and in the subjective world of others.

Taking this a step further, it is through Self's empathic influence in our lives that we discover our capacity, slowly perhaps at first, for empathically encountering the sequestered injuries and wounding within our clients and ourselves. It is as though we are potentially encountering empathic Self whether we are deep in the analysis of another, abruptly stunned by a sudden countertransference issue, or immersed in personal investigation. In all of these ways, we actively live the I-Self rela-

tionship when we willingly respond to the invitations these life experiences bring us. We are co-creating our relationship to Self through our life experiences, building on an established empathic union by our willingness to reflect the empathic attributes of that union.

Having explored the empathic alliance via the therapist's willingness to practice empathy through personal self-exploration, let us now examine a clinical example of a single nonempathic intervention. Here the client's issues, while intuitively and intellectually understood by the therapist, are conveyed in isolation from the rich empathic I-Self context. The result is comprehension without attunement, suggesting that insight and intuition alone are not enough in our clinical work.

### REPAIRING A NON-EMPATHIC INTERVENTION

Joe had a long, painful history of parental intimidation and demeaning responses concerning his ability to learn acceptable behaviors as a child. As he grew older he translated these messages from his caregivers as a fundamental inability to relate to others, and sought refuge in nature and in fantasy. By the time he entered therapy, Joe was convinced he was inherently defective and incapable of establishing long term relationships with others. He longed for human contact but feared what he called his own primitive needs for comfort and touch getting in the way of any normal responses that might keep someone interested in him.

As Joe was tearfully and haltingly sharing his loneliness and despair, I became thoroughly caught up in the pain he was expressing. I leaned forward and said with concern in my voice, "You, know Joe, I think you're depressed. In fact, given what you've told me about your childhood I would guess that you've been depressed most of your life."

The intervention stopped Joe short. I remember clearly the incredulous look on Joe's face. The remainder of the session was taken up primarily with Joe defending himself about the changes he had made in his life and the fact that he was much less depressed now than he used to be. I also spent a considerable amount of time switching back and forth between apologizing for the intervention and half defending it based on the assumption that sometimes labeling an event or situation in a person's life can be helpful.

In the days that followed the session, I meditated on my role in the conflict that had erupted and wondered with concern if I had unwittingly created a fissure in our growing, fragile relationship which would not allow Joe to return to therapy. In prayer and meditation, I asked for another opportunity to be with Joe.

Joe did return the following week, and he returned appropriately angry at me. He said the intervention had made him so angry that he took it upon himself to ask his friends who were students at the university he was attending if they thought he was depressed. He said that his friends did not view him as depressed but rather as a quiet reflective person with a good sense of humor. Joe further stated that he could not believe I had reduced him to a label, and worse, a psychological disorder.

Facing Joe's anger, I inwardly asked Self to lead me in the interaction. Surprisingly, my experience became one of spaciousness and serenity. I remained completely open and available to Joe's distress and angst. I heard the words "label" and "psychological disorder" and quietly asked, "Would it have been more helpful if I had asked if you were aware of any feelings of depression inside of you and, if so, if you had felt these feelings for some time?" Joe looked up and quietly said, "Yes." That was really all there was to it. I then apologized for my intervention from the previous week, and our work continued.

Here I had initially failed to hold Joe distinct but not separate from his presenting issues. Focusing on Joe's depression, I had missed Joe. My intuition of Joe's depressed state may have been correct, but my intervention lacked attunement to his personal world of meaning, to his I-amness. Thus instead of joining him in his subjective reality, I in effect held up his depression as something separate from, and threatening to, all of the struggles and gains he had made over the course of his life.

This lack of attunement resulted in my words being heard by Joe as a death knell to his years of struggling to overcome an invalidating childhood. In that moment, my intervention brought up the demeaning, finger-pointing parent in Joe who told him he could not manage his life and that he was intrinsically wrong for feeling the way he did. It did not matter that I had caring in my voice or that my intuition was accurate. The words that came out of me went all the way to the core of his being and brought into the foreground of Joe's life the impact of receiving severe judgments from caregivers.

To this someone might say, “Well sure, but it was a great provocative intervention. Look at the results it got—he came back angry, assertive, and primed to deal with his shaming inner messages.” In response to this I would say that there are far less manipulative ways to help a client deal with these issues, and in any case provocation was not my intention. The truth was that I was attempting to empathize with Joe through the avenue of his depression, and I failed, disturbing instead the empathic connection which was building between us. Nor do I believe such empathic failures are necessary to build a sense of self in someone. My concern was the possibility that I had re-traumatized my client through lack of attunement, and that a healing needed to take place between us if empathy was to deepen within the relationship.

The determining point here was that an intellectual or intuitional understanding of Joe’s issues, without empathically engaging him in his wholeness (i.e. distinct but not separate from his issues), led to a breach in our relationship. Assagioli agrees with this point in his statement, “merely mental considerations do not suffice; what is needed is *empathy*,” and in his advice to “become aware of the effects our words and acts may produce” (Assagioli 1973, p. 155).

Fortunately, Joe was able to heal through this momentary break in our relationship. The healing was also facilitated by my willingness to acknowledge my mistake and enter more fully into his subjective world. Here too I needed to move beyond my survival shame and to my authentic shame, coming into relationship with Self and my own willingness to see truth. This non-defensive empathic stance allowed me to hold him distinct from his depression and then to ask him if what I thought I was sensing was in fact what he was feeling.

So here failed empathy is really about the lack of an I-Self context or spiritual holding environment within which the therapist’s insight, comprehension, and understanding can be offered. Without being connected to the larger context of Self, the therapist risks remaining in his or her own subjective world, isolated from a potential engagement with the deeper structures and meanings underpinning the client’s world. Because of my momentary lack of connection to this larger context, I was unable to “get out of myself” and realize that my insight about Joe’s depression had nothing to do with where he was in that moment.



So even communicating a valid insight to the client, when this is offered apart from the empathic I-Self surround, can result in disruption and injury to the client's budding sense of self and trust in the overall therapeutic alliance. The results can range anywhere from a benign response in which the client says, "No, that wasn't what I meant," to more devastating effects that render the client angry, confused, and frightened.

Having shared some cases of empathic difficulties in sessions, I would like to describe a somewhat more successful encounter with a client. This encounter occurred within the context of an unfolding dialogue between the therapist and client and was based upon the therapist's immersion in the client's world without loss of I-ness. The therapist is immediately responsive and attuned to the client's experience. Here we find expanded awareness and corrective healing occurring as the therapist is able to maintain empathic understanding. In this example, the therapist has succeeded in maintaining transcendence of, while simultaneously remaining immanent within, the client's subjective reality, resulting in the client's willingness to explore herself more fully.

### EMPATHY THROUGH MUTUAL INQUIRY

I begin with a portion of a transcript from a session with a 42-year-old client whose incestuous father began violating her shortly after her tenth birthday. What is hard to describe here is the palpable shifting of awareness that occurred in the client as we worked together through the hour-long session. Watching her, I could see the awakenings and connections she was making. I could see the light change around her. She became more luminous, and I could also feel this occurring in me. As I was able to walk with her through her insights, we became a team, a duality of one, immersed in a mutually shared awakening.

In this particular session the client suddenly discovered, through repeated and painful revisiting of her childhood, a portion of herself which had remained untouched by her father's abusive attacks. She suddenly felt something distinct from, in fact directly opposed to, the fear and terror she is reporting in the session. In the excerpt which follows she is talking about gasping for breath, for life, as her father releases his grip on her.

Client: It's hard to describe. How could both experiences happen at the same time? It's almost as though they were unrelated. I can't make sense of it.

Therapist: You don't know how you could feel life and breath in the midst of all the violence?

Client: It was the breath (pause). There was almost, I don't know (pause) a feeling of joy—pure joy and it wasn't even connected to the fear (long pause). After he got off, and she...I...could breathe, there was joy. This is so hard to describe. It was unrelated to him, to the way he was using me.

Therapist: You're saying the joy you remember feeling was an inner joy—maybe even a living joy that was intrinsic to you, to the little girl you were, and the joy was completely unrelated to the awful way your father was treating you?

Client: Yeah! I didn't know that existed.

Therapist: You didn't know—you didn't remember that you also used to feel alive and joyful in the midst of, or in spite of, the terrible things that were happening to you as a child?

Client: Yeah. I'd forgotten. How could that happen? How could I forget about the joy? (Long pause including some visible struggling accompanied with waves of emotions.) That makes a difference doesn't it? I thought it was all bad, but that really makes a difference doesn't it?

Therapist: You mean, remembering the joy you felt as a child makes a difference?

Client: Yeah. She's not just a frightened animal, is she? She's not just something her father raped.

Therapist: Do you mean that you can see her differently now because you can see something in her...the joy...that her father couldn't get to?

Client: Yeah (smile).

Therapist: You're quite right. Her joy is part of something core in her that he couldn't touch, no matter how violent he was with her—no matter how violent he was with you.

Client: (After a long pause) God, I want to pretend the bad didn't happen. I guess I can't do that can I? God it's hard to hold this all together.

Therapist: (Silent and sitting with the poignancy of the client's attempt at balancing and holding her ambivalence with respect to her conflict.)

This is a brief and partial account of an intense therapy session. I offer it as a way of underscoring the healing effect of the empathic alliance between these two people. There is something more than straight comprehension of another's subjective experience going on here. As we both began to engage at this level of inquiry, the energy between us was heightened, charged, and amplified in some real way. In my opinion, empathic Self was very potent, very alive at this level of encounter. Both of us, therapist and client alike, were moving through deeply buried and uncharted territory. We were in fact healing together.

True empathy, then, is relational, expansive, and healing. In this example, I fulfill the principles of empathic inquiry through a willingness to engage physically, mentally, emotionally, and spiritually in the client's journey without having to relinquish my own integrity, my own I-consciousness. In doing this, I succeed in holding the client distinct but not separate from the awfulness of her remembered past. This offers the client safety and opportunity, if she so chooses, to engage in both the light and the dark of personal being. As she accepts portions of her own dark past, her memories are illuminated, expanded so to speak, allowing her to reconnect to undeniable aspects of her own divinity underpinning the horror and trauma of childhood experiences.

The consequent healing represents one more step forward in her quest to restore the split between aspects of the higher and lower unconscious. In the dreadfulness of her past, there is empathic Self, inviting her to look closely at the trauma while redeeming for her a brightness that was only shadowed, but never extinguished, by her dark past. In psychosynthesis terminology, this exemplifies the mixture and interpenetrating flow of higher and lower unconscious material. She does not have to leave her distressing memories in order to engage Self. Empathic Self remains steadfast throughout her journey.

Here the third principle of empathic inquiry is clearly seen—empathy is a constant energy emanating from Self to the individual. When we “get it” so to speak, when the idea occurs, when the dawning happens, when a veil is lifted momentarily, when something triggers a shift in our thinking, sensing, or feeling, these experiences reflect the unbroken presence of Self holding us in empathic relationship.

The healing that occurs is also not limited to her, but extends as well to the therapist who is part of this unprecedented journey. Therapist and client alike, in true empathic relationship, comprise an interlinking web of life wherein the healing of one heals both.

An image comes to mind of the client holding up her lighted lamp to a darkened portion of her past and exclaiming, “Oh God, I didn’t know that was there.” And the therapist who also carries a lamp puts this light with hers, further illuminating the darkened area, and proceeds to help expand upon and clarify the encountered area.

This image suggests that both client and therapist are exploring the territory together. This is more than intellectual or intuitional comprehension of another’s subjective reality. It is the ability to apprehend difficult and sometimes threatening portions of one’s psyche through the therapist’s unconditional and complete presence to the client’s situation. Such a therapeutic stance offers the client expanded awareness through illumination and insight. “I” is momentarily released from its immediate and limiting identification with content, naturally giving way to immanence within, and transcendence of, the issues at hand. “I” in turn is held by Self in a concomitant and inclusive state.

In this way a moment of insight and understanding gained within the I-Self context grants us empathic attunement and responsiveness toward previously unknown and non-encountered aspects of reality. This can amount to a more focused attention to our pain, an experience of remaining clearheaded amidst confusion, an open heart in the midst of confrontation, acceptance of the ordinary in our daily life, or a spectacular moment of awakening to our selfhood. And as we have seen, this empathic attunement is relational and healing, occurring sometimes between two people, and sometimes between the individual and his or her own psyche.

## THE EMPATHIC THERAPIST

As psychosynthesis therapists, it seems we must consciously create a spiritual relationship to empathic Self and undergo a program of corrective healing if we are to bring empathy to a client's unique subjective reality. We must be willing to co-create the I-Self relationship by which the presence of Self becomes the backdrop to our interventions with a client. This orientation to Self is imperative because as therapists we too have been the recipients of failed empathic relationships in our lives.

Without this co-creative effort, we may easily and unknowingly react from the very empathic breaches and invalidations in our own lives that we are attempting to bridge and heal with a client. And, echoing the thinking of Assagioli, Kohut, Rogers, and others, we are admonished to do our family of origin work in order to develop empathy. Even our best intentions to create an empathic therapeutic alliance will fail in the face of earlier disruptions and injuries which are unprocessed and unhealed within us.

Recalling the first example of the client who activated so much of my own distress, such unwillingness on my part to empathically understand these reactions to her behavior could, at the very least, result in holding her fully responsible for my feelings. In this case, I would be justified in believing that I have nothing to learn—since she is the one who has come to me for assistance—and think it is she who must change in order to get along in a world which I have deemed appropriate. And worse, her potential for healing would be greatly lessened, if not altogether vanquished, through my unwillingness to practice empathy. In Assagioli's words, "Training in empathy not only helps one acquire a true understanding of others, but also bestows a wider humanness" (Assagioli 1973, p. 89).

The stance of the psychosynthesis therapist is one of being empathically led in session by Self. Held within the I-Self relationship, the therapist is not concerned with creating sublime experiences for the client, or insisting that the client embrace past wounding, or lecturing the client for failing to act upon insights between sessions. The empathic therapist does not direct or demand in such a way.

Rather it is Self which directs and the therapist who in turn responds to this direction by engaging the client with the same

empathic attunement the therapist is receiving from Self. In this way, the therapist understands that timing is everything. Only when all of the psychospiritual pieces are in place will the client experience an opening to Self, allowing the appropriate healing to occur. The therapist's job is to form an empathic link to the client's own unique relationship to Self, and one could say that the resultant healing occurs simply as a by-product of this.

As therapists, we must develop ways to consciously engage Self for guidance in sessions. When we make our mistakes—and we surely will make many as part of our Self-realization journey—we can follow that same guidance in engaging our internal parts in personal healing.

All of this reminds us that in our inner work we have a Self totally committed to our healing. When we create an alliance with Self in clinical work, it also reminds us that we are emissaries of that Self and that it is our responsibility to reflect as clearly as we can the empathic Self who is bent on bestowing the gift of empathy to every aspect of the whole human being.

## ABOUT THE AUTHOR

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