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## The Three Components of Empathy: Normal and Pathological Development

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SEVERAL YEARS AGO I had a patient in psychotherapy, a single woman in her thirties who had asked for help because she could not establish a lasting, close emotional relationship. She had almost given up hope of finding a man with whom to share her life. She was a pretty woman, but from the first meeting I sensed something bizarre in her behavior. In spite of her apparent attempts to dress nicely and behave attractively, there was something clumsy, even repulsive, in her behavior; it was rather easy to understand why no one could tolerate her closeness for long.

As the therapy continued, I felt myself becoming more and more irritated by her presence. During the sessions she was unpleasantly noisy, scratching at her clothes, biting her nails, and chewing bubble gum. She would clean her nose and place the dirty tissues in the ashtray in front of me—or take off her shoes and dig between her toes. In the winters she suffered from a continuous cold. I had to be careful to keep my distance, especially when greeting her at the door, or she would cough in my face before even saying “hello.” At the end of the session it was difficult to get her to leave; she practiced all kinds of maneuvers to gain time—from examining new books on my shelves to asking numerous “administrative” questions. She did this without displaying any ability to sense when I had time and patience for such elongations of a session and when I was in a hurry.

At first I tended almost automatically, to diagnose her as a “passive-aggressive personality” and tried to confront her with her latent

aggression. With time, however, I became convinced that that was far from being her real problem. Had her irritating behavior toward me been a transference phenomenon, reflecting the transfer of her latent aggression, I would have expected some dynamic changes in this behavior, parallel to the oscillations in her transference toward me. But her behavior did not change; even when she was at the height of a wave of positive transference and tried eagerly to secure my love, nothing basically changed.

What this woman really suffered from was a total lack of empathic capacity. It was tragic. She longed for human warmth and love, but because she did not possess even the most minimal ability to "read" another person, she always managed by her behavior to reject or be rejected by anyone who began to be interested in her. Once, a short time after she had begun a relationship with a man, she came in tearfully and told me that when they had been in bed together the previous night, she had felt very close and intimate to him, but he had suddenly jumped up and screamed that he was fed-up with her talk and her inability to listen to him. "You are as sensitive to me as a piece of wood would be," he had exclaimed. What had happened, as far as I could understand it, was that she had felt herself warm and secure in his arms and had begun to flood him with talk, without sensing that he had come to her that evening overburdened with something for which he needed her sympathy and emotional support. He left her that night and never returned.

In normal human discourse the individual who is speaking succeeds in remaining on the same wavelength as his (or her) partner by using his empathic capacity to perceive the other's interest and responses. The inner image created by an empathic perception of the other serves as a feedback system, monitoring the speaker as he communicates. Owing to her lack of empathic capacity, my patient could never develop a correct image of the other; she was therefore deprived of the monitoring device that makes communication possible.

My patient repetitively asked for me for exact instructions about what answer to give in different situations. From this, I learned that she was at a total loss in any conversation approaching personal matters. She was perpetually left with a feeling of failure, without understanding what she had done wrong. In such cases, where the empathic capacity is below average or completely absent, we must question whether it is possible to improve this low capacity for empathy by means of psychotherapy. In other words, is empathy a basic human

endowment not amenable to further change, or is it a capacity capable of modification?<sup>1</sup>

Today, most analysts take a position somewhere between extremes in thinking about the ability to modify empathic capacities. They generally agree that although the range for developing an empathic capacity is constitutionally determined, much can be changed within the limits of this range. The practical questions confronting the therapist in clinical work are: What is the range of expectable change that can take place in a successful therapy, and what are the individual limits beyond which no further changes can be expected?

Given our present limited knowledge of the genetic background and the developmental course of the empathic capacity, these questions cannot be answered decisively. I would, however, suggest a preliminary model, based on an analogy between the empathic capacity and any other specific human talent—artistic talent, for example.

Any talent is based on a specific endowment characteristic of a given individual. We do not know yet whether this endowment is an innate given (that is, genetically determined), whether it has its origin in the primary experiences of the mother-child relationship, or whether it is determined by other causes (see Noy, 1968, 1972, for a discussion of some possible origins of artistic talent). We do know, however, that if we examine children toward the end of the preoedipal period, with the aid of suitable aptitude tests, we can discover whether or not a particular talent is present. If it is present, its range for potential development will remain more or less fixed for life. Yet predicting the development of a talent early in life is difficult because most talents require considerable training and preparatory exercise before they are expressed through the person's behavior, creations, problem-solving endeavors, or perceptions in a productive and socially adapted manner (Piaget, 1945). Such training can be forced, as with the mother who discovers that her child is endowed with a musical talent and forces him to practice the piano for several hours a day. We know, however, that the efficacy of such forced training is questionable, that

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<sup>1</sup>This question is especially significant for the practice of psychoanalysis, for we consider empathy to be an essential capacity for becoming an analyst. The degree to which a teacher believes that an individual's empathic capacity can improve will determine his tendency to accept for psychoanalytic training candidates who may initially display a low capacity for empathy.

the only truly productive training is one motivated by the trainee's own initiative—for example, the child who, after discovering a special mathematical talent, spends hours and hours engaged in the "hobby" of solving complicated mathematical problems. Only by such self-motivated training can a basic talent be expected to develop to its maximal potential.

The cultivation of a talent by training can, of course, take a negative direction. If, for some reason, the very existence of a special talent proves to be maladaptive or arouses anxiety, its owner may activate defenses to "distrain" this troublesome talent, trying to suppress its expression in the various spheres of mental and social functioning.

Psychoanalysts, like all other scientists working in the field of human psychology, are interested in the genetic, interpersonal, and other developmental processes that determine the positive development of basic human talents. But as we cannot expect, at least on the basis of current knowledge, to modify a basic talent through psychoanalysis or any other psychotherapy, this interest remains only an academic one. The situation is different when we come to the problem of motivation—the question of what motivates someone to train or "distrain" a talent on his own initiative. On this issue, it seems to me, psychoanalysis offers a unique ability to provide not only a theoretical, but also a practical, answer. Psychoanalytic treatment can help to resolve a defensive block, so that the person continues development-by-training of a specific talent, or to end a defensive process of "distraining" by alleviating some specific anxieties.

What I have said about talents also applies to the capacity for empathy. The limits to the potential development of empathy are primarily givens and thus would not be expected to change as a result of a later intervention. But if, for some reason, motivational factors have prevented the individual from reaching the peak of his potential in empathic capacity, psychotherapy may be expected to bring about a considerable change. The practical problem confronting the therapist, therefore, is: How can we determine in a given individual whether the degree of capacity for empathy, assessed through clinical examination, represents the peak of his potential, or if it has become stunted somewhere in its course of development? To make that determination, I suggest, we need to assess if there are some inner discrepancies between various components of the capacity for empathy, or if there are discrepancies in the ability to use empathy in various areas of understanding. If a person is able to employ one component of empathy well but not use other components, or if he is capable of perceiving em-

pathically only one kind of human experience or emotion and is "blind" to others, we can assume that some aspect of the development of the capacity for empathy has gone awry.

### *The Basic Components of Empathy*

Kohut (1971) defines empathy as "a mode of perception" (p. 300). The American Psychoanalytic Association's *Glossary* (Moore and Fine, 1967) defines it as "a special mode of perceiving the psychological state of experiences of another person." The *Glossary* continues: "It is an 'emotional knowing' of another human being rather than intellectual understanding. . . . Both empathy and intuition, to which it is related, are means of obtaining quick and deep *understanding*" (p. 43). Rogers (1966), who regards the capacity for empathic perception as a necessary condition for practicing psychotherapy, describes it as: "The ability of the therapist to perceive experiences and feelings accurately and sensitively, and to *understand* their meaning" (p. 186). This small sample of definitions displays something typical of many definitions of empathy—an admixture of two different elements. Empathy is (1) a *mode* of perception and (2) an *understanding*. As a mode, empathy pertains only to *how* a person perceives the other, that is, how the image of the other is represented on the individual's inner screen. As an understanding, it introduces a measure of success—the competence to perceive and comprehend the other *accurately*. Although these two elements are usually related, they are not always both present in the same individual. As we shall see, there are some individuals who perceive others by the particular *mode* characteristic of empathy, but who display a low ability to understand them. On the other hand, some individuals are endowed with an excellent sensitivity to understand others, but employ quite different modes of perception from the one characteristic of empathy.

The term "empathy" derives from the translation into English of the German term *Einfühlung*, introduced by Theodor Lipps (1906) to describe the aesthetic experience. In its original usage it refers to the ability of "feeling ourselves into things" (Carrit, 1932), or as the *Oxford English Dictionary* (1951) defines it: "The power of projecting one's personality into the object of contemplation" (p. 390). Because the aesthetic object is usually inanimate (Lipps himself demonstrated his theory of the *Einfühlung* on geometric forms), there is nothing in the concept that refers to a better understanding of other people.

As used today, the term "empathy" seems to combine three different mental processes: (1) a special sensitivity to understand other persons accurately, (2) a particular perceptual mode, and (3) a tendency to project one's personality (self) into the personality (self) of the other. I view these three processes as the three basic components of what we call the empathic capacity. In my opinion, the first component—sensitivity to others—is determined by the primary process, whereas the other two components—the perceptual mode and tendency for projection—are determined by the secondary process. With a well-developed, mature empathic capacity, the three basic components become so well integrated that they cannot be differentiated. But in pathological development, discrepancies occur between their relative dominance, or between their rates of development.

### *The Sensitivity to Others*

Everyday experience convinces us that people normally differ in their sensitivity to others' motives, intentions, hesitations, inner experiences, and feelings. This sensitivity is regarded as a constant trait, as an ability that one either possesses or not (or possesses to a certain degree). We don't expect it to change, at least during adult life.

An individual's sensitivity to others is not an isolated capacity, but belongs to the whole system of perceptual modes, thought strategies, and problem-solving techniques that we call "cognitive style." All of us create a cognitive style for ourselves in order to organize our inner perceptual field. This style includes all the images portrayed on our inner perceptual screen—images that represent the objects we perceive through our various senses. I believe that if we could look into the inner screens of various people, we would be surprised by how differently each individual represents the same objects of "reality." (We gain some impression of these individual differences when we observe how different painters represent the same reality on canvas.) These individual differences in the form of inner representation pertain not only to inanimate objects but also to human beings.

Imagine that you are watching the swimmers at a crowded pool. How do they manage to maneuver through the mass of people swimming in all directions? What happens if one swimmer attempts to cross the path of another? Some swimmers will change their course long before they collide with the other, and they will do so in a direction that takes into consideration the exact intention of the other. Other swimmers will continue straight on, as if they intended to cross directly through the middle of the approaching swimmer (the same ob-

ervation can be made on a crowded road, where some drivers seem able to "read" the intentions of other drivers, but some almost run over the other cars.) If you follow the various swimmers for a while, you cannot fail to get the impression that for the first type of swimmer the other person is represented on his inner screen as a complex combination of wishes, intentions, hesitations, and other features characterizing a living being; in contrast, for the second type, the other is perceived as little more than a "space-occupying body." The first type seems to see living people—wanting, thinking, and feeling. The second type sees only moving objects.

One might argue that such individual differences do not necessarily reflect different cognitive styles, but only different degrees to which one is ready to take the other into consideration as a whole person. Although sometimes it may indeed be a case of lack of consideration, behavior of the second type usually reflects a lack of sensitivity to others. Consider, for example, what happens if you proceed with a loaded grocery cart in the supermarket and a woman, standing with her back toward you while searching enthusiastically for something, is blocking your way with her cart. In one case, the woman may be impressively sensitive to your presence and your need to pass her, immediately moving her cart aside, without even turning toward you. In another case, the woman may be blind to your presence, remaining involved in her own business and not sensing anything until a traffic jam is created in the narrow passage. In the latter case, it may not simply be a matter of being inconsiderate, for after discovering that she has blocked your way, she may feel embarrassed and apologize at great length. This difference in sensitivity is not a function of reasoning or logical inference; often, it expresses itself on the preconscious level, in behavioral responses the individual is not aware of making. The woman in the supermarket, for example, may not even be aware that she frequently adjusts her cart when she senses that someone wants to pass.

This sensitivity to the motives, intentions, and feelings of others can also be seen in the responses of "intelligent" animals. Dogs, for instance, show individual differences in the ability to "read" their owners' hidden intentions. Some dogs accurately sense when the owner is in the mood for play and when not; other dogs are relatively insensitive.

In several earlier papers (Noy, 1969, 1973, 1978, 1979, 1982), I advanced a theory according to which the primary processes are defined as the self-centered processes and the secondary processes as the reality-oriented mental processes. In the mature mental apparatus,

both types of processes operate at an equally developed, refined, and efficient level. All the structural and operational differences between them stem from the fact that each, in the course of its development, becomes perfectly adapted to serve a different kind of function. The primary processes serve all the functions involved in the maintenance and integration of the self, such as the ability to assimilate new experience into the organization of the self and to accommodate its organization to the demands imposed by the new experience. The secondary processes deal with everything related to contact with reality, such as understanding, problem solving, verbal communication, and orientation.

As I have suggested (Noy, 1979), what distinguishes the two modes of intelligence is that the primary-process-dominated function is common to both humans and higher animals, but the secondary-process-dominated function is specific to humans. Through the onto- and phylogenetic development of the secondary process, a new organizing principle, previously unknown in the biological world, emerged—the ability to detach information processing from its self-centeredness (from its immediate dependence on drives and needs) and to perceive, represent, and comprehend reality on its own. Primary-process intelligence can be as advanced and efficient as secondary-process intelligence—using techniques of mental representation, categorization, causal reasoning, etc. Nevertheless, its limits are, and always will be, in its self-centeredness, in its ability to categorize, organize, and interpret information only insofar as it relates to the self and its various states of experience. I believe the basic sensitivity to others belongs to the primary process because its limits lie in its self-centeredness. It gives us the possibility of perceiving and assessing another person's motives and intentions only insofar as they are related to ourselves, to our needs or to our various states of experience. The limits of this basic sensitivity are demonstrated in the example of the "intelligent" dog, who may sense keenly when its master wants to play, needs help, or is busy, but can never sense what its master feels about his wife. If this basic sensitivity is extended in humans, enabling perception of someone's motives and intentions directed toward *another* person, it is only because some secondary-process components have, in the course of development, been added to the primary sensitivity.

The primary sensitivity, together with all other primary processes, begins to develop from birth. Lichtenberg (1981), in his comprehensive survey of modern neonate research, reports that the neonate is genetically programmed to perceive human expressions and to respond to them specifically: "the neonate emerges as an organism whose responsiveness is centered on, and geared to, a perceptual-motor affective



dialogue with his mother . . . [and] begins life with responses that are patterned differently for stimuli arising from human and inanimate objects" (pp. 36–37). Again, we may assume that this basic sensitivity varies genetically from one individual to another. But, like any other human endowment, it requires a considerable period of cultivation and training to reach its full potential. As research evidence suggests, this cultivation is dependent on the quality of the initial mother-child relationship. The infant, with his genetically given sensitivity, responds to the mother, and the empathic mother responds appropriately to the infant's needs, and so the initial pattern of communication becomes established. With time, infants learn to "read" cues pointing to mother's preparedness to enter into a gratifying communication with them; they know when to apply for her attention to gratify their needs and when to postpone their demands for a while in order to prevent frustration. When infants develop the necessary basic trust in mother's preparedness to supply their needs—and if their emerging ability to utilize their sensitivity for directing interpersonal behavior is rewarded by an empathic mother—they will become motivated to improve their sensitivity to perceive other's motives and intentions. They will be attentive to the behavior of others and, by trial and error, will gradually enrich the repertoire of behavioral cues they can interpret. But if basic trust does not develop, or if an unempathic mother responds unpredictably, the motivation to continue and train the primary sensitivity may never develop. If infants sense that mother's gratification or frustration of their needs is totally independent of what they are doing or communicating, then they may retreat in despair from further attempts to learn to understand others; their sensitivity to others may remain stunted for life. It may also be that the mother (or any other significant caretaker) is perceived as threatening or anxiety-provoking. In this case, a child may continue to sharpen his sensitivity, but in a negative direction—to improve perception of any behavioral cue that enables him to foresee a danger. Although such a child may develop a keen sensitivity to the motives and intentions of others, it is a "paranoic" one—not supported by a warm, altruistic interest in people, but employed selectively to perceive a real or imaginary evil intention on the other's part.<sup>2</sup>

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<sup>2</sup>At times, this negative kind of sensitivity may mislead us in selecting candidates for our psychoanalytic institutes. We may be impressed by the keen sensitivity to others that a candidate displays in supervision or in seminar discussions, only to discover later that it is a paranoic sensitivity, grounded in a general attitude that perceives the patient as a potential enemy.

### *The Perceptual Mode*

There is almost no way to think about and conceptualize the entity we call "the human mind" without reifying it in some way. All of us, in thinking about our own or the other's psyche, have to represent it on our inner screen by a certain image. Even those who insist that for them the concept "mind" is completely abstract (such as philosophers who accuse psychoanalysts of conceptualizing the mind as though it were a place or a thing) have to represent it by some image, if not by a picture, then at least by its letters—as a m-i-n-d. This inner image, like any inner image representing an abstract concept, varies from one individual to another. If we had access to the inner screen of others, we would see that on each individual screen there appears a different picture, diagram, or combination of signs corresponding to the word "mind." In examining our own screen, we realize that we actually have several alternative images, each serving our attempt to conceptualize "mind" from a different point of view and for a different purpose. Sometimes we may imagine that mind as a hard-working machine, sometimes as a computer, sometimes as the head office of a big corporation, and sometimes as a small cave, where several dwarfs sit around involved in a lively discussion.

In dealing with the human mind, art and science, like individuals, must reify it in some fashion. In poetry, we call this reification a "metaphor," and in science, we call it a "model." Each metaphor or model serves to conceptualize the mind from a different point of view (Noy, 1977). When we wish to emphasize how the mind automatically responds to stimuli impinging on it, we use the stimulus-response model of experimental psychology. When we view it as a computer, we use the information-processing model of cybernetics. To examine the mind as an arena for the dynamic interplay and transformation of mental forces, we employ the model of psychoanalytic ego-psychology; to look at it as an experiencing living entity, we use the self model of James, Rogers, or Kohut.

Although every normal individual has at his disposal several images of the mind, along with the ability to exchange these images according to functional needs, a dominant image usually emerges and that is the image used for conceptualizing the mind of others whom the individual is especially interested in understanding. This preferred mode of inner representation of a significant person can be regarded as the "perceptual mode" characteristic of the individual. There are those who tend to perceive a significant person "from without," as an acting and responding entity, without looking inside the "mechanism" to understand how its parts function. There are others who tend to perceive a

significant person "from within," as if peering inside a complicated mechanism to watch its cogwheels and springs in action. The image of the mind obtained by the "from within" perceptual mode is usually a much more complicated one than that obtained by the "from without" style; it describes the mind as composed of separate parts, activated by different forces and functioning on several levels.

Although a person equipped with the first perceptual mode might obtain a good understanding of the other's responses, only the second individual, equipped with the "from within" mode, will be able to grasp the motives, contrary intentions, hesitations, and conflicts behind the observed behavioral response. If one is endowed with a good primary sensitivity, it is this perceptual style that will enable one to utilize one's sensitivity most efficiently. Information obtained by means of sensitivity is perceived on the primary-process level as "feelings," "impressions," or "intuitions" about the motives and intentions of others. In order to be utilized on the secondary-process level the information has to be classified and organized in concepts and formulated in words. This process requires a workable inner model that enables one to distinguish informational data according to source, significance, and relation to the various structures and functions of the personality. A two-way enrichment process exists between basic sensitivity and the "from within" perceptual mode. The perceptual mode allows the information obtained by sensitivity to be organized on the secondary-process level, and the sensitivity ensures that the inferences attained through the perceptual mode will be accurate.

The existence of two modes of perception, "from without" and "from within," is reflected not only in the inner images that result from direct perception of the other, but also in the way the individual perceives the products of the other's mind. We can see such differences, for example, in the various "styles" of art criticism. Some critics analyze a poem, play, or novel as if it were an entity in itself; they examine its content and form without considering what has occurred in the mind of the artist who created it. Others focus on the creator's mind through its products; less interested in the product per se, they speculate on what the artist's intentions were and how these were realized.

### *The Tendency for Projection*

In order to be regarded as "empathy," the "from within" perceptual mode requires something in addition. This added factor is the ability of the perceiver to *project* his own personality (or self) into the inner image created by the perceptual mode. Rycroft (1968) describes this process as "the capacity to put ourselves into the other's

shoes . . . feeling ourself into the object and remaining aware of one's own identity as another person" (p. 42). Without such projection, the other's mind, although perceived "from within," remains a lifeless mechanism—able to function, respond, and adapt itself in complicated ways, but having no self-experience and feelings. Practically, we can attribute life and feeling to another object only insofar as we can project our own experiences and feelings into it. Only through such projection can the "from within" perceptual mode be utilized as *the* instrument for "emotional knowing" of the other, as Greenson (1960) has defined empathy.

Yet projection alone cannot be regarded as empathy and does not necessarily contribute to a better understanding of others. As mentioned before, projection may be employed with inanimate objects (as in the perception of art), or with animate nonhuman objects. In these instances, it has to be regarded as "animism" or "Anthropomorphism" and may lead to the mistake of "reading in" the presence of human feelings when they are not present. We may, for example, attribute human motives to natural forces or suggest that a dog is laughing or crying when it responds with a physiological grimace to a certain stimulus. Only the projection of oneself into the inner image of *human* being, supported by the sensitivity to perceive his motives and intentions, can be regarded as an "empathic capacity."

Both the "from within" perceptual mode and the ability to project oneself into the object while remaining aware of one's own identity must be regarded as typically secondary-process operations. Only the secondary process, as explained before, can detach its operation from self-centeredness and perceive the object on its own. Of course, no workable image of the other's mind "from within" can be formed if the perceiver is unable to attribute to that mind a functional center of its own—an autonomic center that directs and regulates the functions of that mind independent of the perceiver's wishes and needs. As Buie (1981) puts it: "Full adult empathy is object-centered, not self-centered. Adult empathy is concerned with much more than the other person's giving, nongiving or threatening attitudes toward one's self" (p. 287). The ability to project one's own experience and feeling into the mind of the other, while remaining aware of one's separate identity as another person, requires a good ability for self-object differentiation. Beres and Arlow (1974) contend: "It is hard to say just when the individual develops the capacity for empathy, but evidence indicates that it is not present in infancy: the essential component of empathy, which is lacking in the infant, is the capacity to separate self from nonself" (p. 33).

We cannot yet determine to what extent the specific perceptual mode and the ability for projection are rooted in genetically given endowments and to what extent they are influenced by developmental factors. But, as with all secondary-process components of "cognitive style," the establishment of these two components seems to be strongly influenced by family patterns of verbal and nonverbal communication (see Lidz, 1963), and by the strategies of thought, techniques for mental representation, and use of imagination reflected in family patterns of communication. We may assume, therefore, that a child raised by parents who themselves tend to perceive people as complex beings (discussing their motives, conflicts, intentions, and ambiguities) will tend to develop the "from within" perceptual mode, whereas the child raised by parents who tend to perceive people only two-dimensionally will tend to form the same flat image of others. Of course the interpersonal transmission of cognitive features is not that simple; we have to consider the more complex and indirect ways by which cognitive features may be shaped through interpersonal influences. For example, a child who, in order to obtain gratification, has to learn how to manipulate between his parents' often contradictory intentions, or between conflicting wishes of an ambivalent mother or father, may develop a rather complex "from within" image of the other, even though his parents tend to relate to others in a two-dimensional manner. I assume, therefore, as a generalization, that the more ambivalent and conflictual a child's human environment is, the more he will have to improve his abilities for social and psychological manipulation; the greater his success in developing a complex and multilevel inner image of others and the patterns of their interrelationships, the better his changes for efficient manipulation will be. The continuous need for social and psychological manipulation and the rewards from success in such manipulation will then act as the best motivation for the child to continue the process and to develop by training his secondary-process empathic abilities.

### *The Combination of the Three Basic Components*

With a mature, well-developed empathic capacity, the three basic components—sensitivity, perceptual mode, and projection—are combined and integrated so well that it is practically impossible to distinguish between them any longer. There are, of course, always individual differences in the relative strength of each of the components. Some individuals are endowed with an especially keen sensitivity; oth-

ers have a strong tendency for projection. If, however, the remaining components are also well-developed, this relative strength will not skew the overall empathic activity. But if one of the three basic components is significantly less developed than the others, then the overall capacity to understand others by empathy may be seriously impaired. The degree of impairment depends on which particular component remains stunted in its development, and to what extent. Such inner discrepancies in the functional levels of the three basic components may be the cause for the development of various psychopathological disturbances, not only in the capacity for empathy but also in other areas. I shall describe three of the most prevalent asymmetrical combinations and illustrate them with clinical examples to show the pathological conditions that may result.

#### *High Sensitivity But Lack of Specific Perceptual Mode and Tendency for Projection*

Some individuals possess an excellent sensitivity to others but almost never create a "from within" inner image of others. Nor do they tend to project themselves into the other's image. Although they can sense the other in terms of motives, intentions, and hesitations, this information is used only on a subconscious level, and not integrated in rational and critical reasoning about the other. What they perceive about the other remains self-centered. For example, despite a keen sensitivity in perceiving the other's motives and intentions, the person responds to the other only insofar as this other may serve as an object for the gratification or frustration of his own needs. He cannot apply this knowledge to understand the other on his own.

This kind of distorted empathy is characteristic of narcissistic disturbances. Post (1980), in describing "a narcissistic form of empathy," explains: "in many such instances the state of the other person may be accurately, if narrowly, apprehended—in so far as it bears upon the narcissistic needs of the empathizer" (p. 282). It may be that narcissistic personalities, owing to their high vulnerability, do develop a keen self-centered sensitivity to others, but as the object always remains a selfobject (Kohut, 1977), they never succeed in creating a "from within" image of the other that is separated from their own needs and interests. As Beres and Arlow (1974) state: "narcissistic individuals have difficulty in empathizing because of their tendency to merge with the object for the purpose of narcissistic gratification and because of their inability to maintain a sense of separateness from the object" (p. 34).

To discuss in this paper all the possible deviations and distortions in the development of empathy caused by narcissistic disturbances would be difficult and superfluous. This topic is explored extensively in the psychoanalytic literature. I am concerned, however, that the current tendency to attribute any disturbance in empathy to narcissism (as well as to equate any developmental disturbance in the self with narcissism) may result in our overlooking other etiological explanations. I think that in psychoanalytic practice no general explanation, even if it has repeatedly proved correct, should curtail the effort to search in any individual case for the specific constellation of etiological factors. In the following clinical vignette, for instance, the discrepancy between a high sensitivity and lack of the "from within" perceptual mode could be ascribed to specific traumatic events other than narcissism.

A young woman was referred for analytic treatment because of her inability to use her considerable artistic talent successfully. It was clear that she possessed a high degree of artistic potential, but, except for a few periodic outbursts of creativity she was unable to accomplish anything significant with her talent. The first months of analysis were extremely difficult because no mutual understanding was established. I could not discover any meaning in her associations, and she responded to my interventions with amazement, as if I were always on the wrong track (which, indeed, was my feeling). From what she told me, I got the impression that she was totally lost "in the great world," that she could hardly understand or deal with practical problems of daily life. She seemed strangely naive, with an almost total inability to discern the intentions of others. She was a warm, good-hearted woman, with little aggression in her interpersonal behavior. It seemed pathetic to me how she was repeatedly exploited by friends, or so-called friends, socially, economically, and sexually. Because of her inability to cope with the ordinary exigencies of life, and her ignorance and lack of interest in anything related to politics, law, or taxes, she became involved in the most fantastic troubles, from which she always managed to disengage herself by means of her warm smile and seeming naiveté. Her inner images of people and of the structure of society were flat and confused, and she showed little capacity for utilizing these images in a rational assessment of others' motives or intentions.

During the first months of analysis, I had the feeling that she almost ignored my presence. Even if she attempted to show some consideration for me, it seemed to be only a superficial expression of her need to be "nice." But, with time, I began to realize that my initial impression was wrong. More and more I was confronted with instances in which she displayed an amazingly keen sensitivity toward me. I could not

look at my watch, for example, without her immediately stopping her associations to ask: "Is our time over?" Even when I tried to turn my hand so that she could not see or hear the movement, she responded in this fashion. Interestingly, whenever I asked her why she was bothered by the time, she never seemed to know consciously that she was responding to my looking at my watch. She would only say: "I have a feeling that you intend to finish now." Often she commented on my mood, remarking: "You seem to be suffering from a fever today," or asking: "Have you received some good news today?" It amazed me how correct she was in reading my feelings. I almost began to believe in telepathy, because I could not discern the communicational cues by which she arrived at her impressions. Slowly, as I listened closely and came to better understand the transference situation, I began to realize that her seeming blindness to others' motives and intentions was not as total as I had first considered. Indeed, in most of the instances of exploitation, she did realize in some way the real intentions of her "friend" and sense what was going to happen. Her problem was that she was never ready to *trust* her own feelings and intentions, either as a reliable source of information about others or as a guide for her own behavior. In her words: "When he speaks to me so convincingly, why should I listen to the little voice warning me from the inside?"

Let us look at her history as it was gradually revealed in the analytic hours. This woman had lost her father at the age of three, after a very close and loving relationship with him. After his death, her mother and the other members of the family, having been very attached to and dependent on the father, continued to behave as if he were still present. Everything said to my patient was formulated as: "Father wants you to . . ." or "Father will be glad to see. . . ." Even the family's income was derived for years from funds they inherited from him (he had been a wealthy man). My patient was caught in a conflictual situation: on one hand, since father continued to "live" with the family in this peculiar fashion, his death was never thoroughly mourned. On the other hand, the idealized image of the father worshipped by the family was far from representing the *real* father she remembered. Gradually two different memory images of her father took hold: the image of the real, warm and emotional father and the image of the critical, demanding father presented by the family. And there was a qualitative difference between the two images: the first, formed on the basis of memories from the preverbal period, was compounded mainly of primary-process elements, such as the father's voice and touch and physical appearance. The second, formed during the verbal period and unsupported by any concrete sensual memory, was an abstract image. The problem was that the two images did not match and could not be



integrated. On the one hand, she had the image that she knew to be the real one, but no one would share it with her. On the other hand, the image that everyone pressed her to adopt she knew was a false one.

What was the solution to this problem? *Her* solution was to repress the primary real image and to keep it alive deep in her unconscious for her private use, while superficially adopting the secondary false image stubbornly refusing to use it as *the* model for the perception and conceptualization of men in general. As a result, she could not rely on her primary model to understand men, because it seemed to be wrong in the eyes of others. Nor could she utilize the secondary model, because *she* knew it was wrong. But the question remains: If both models for the understanding of others were discarded early in life, how did her primary sensitivity continue to develop, becoming so keen? It developed because, on the unconscious level, she continued to look for her missed real father in every man she became acquainted with. But because she remembered her real father only as she had perceived him in her preverbal, preconceptual period, she relied in her search only on primary-process-organized cues, such as voice, touch, etc. This explanation may also shed light on how her sensitivity to primary, nonverbal communication contributed to the emergence of her special artistic talents (Noy, 1972).

#### *Low Sensitivity But Specific Perceptual Mode*

A second type of discrepancy—between a lower-than-average primary sensitivity to others and the development of a typical “from within” perceptual mode—is less prevalent than the first discrepancy. In itself, however, a lack of sensitivity is unfortunately rather common. With regard to its possible origins, I refer to Kohut: “The most serious defects in the use of empathy . . . are of a *primary* type; i.e., they are due to narcissistic fixations and regressions, specifically in the realm of archaic stages of the development of the self. They can be ascribed to early disturbances in the mother-child relationship (due to emotional coldness of the mother, the absence of consistent contact with the mother, the baby’s congenital emotional coldness, the mother’s withdrawal from an unresponsive baby, etc.)” (1971, p. 301). Yet those individuals who lack primary sensitivity to others do not usually develop the specific secondary perceptual mode characteristic of empathy. They remain for life characterized by a total absence of or very low empathic capacity.

What happens when, in spite of a low sensitivity, a typical “from within” perceptual mode develops? This combination rarely contributes to a good understanding of others. Individuals characterized by

this combination may appear to possess a good empathic capacity, for they typically tend to analyze and interpret others' motives and intentions "from within." Closer acquaintance with them, however, usually reveals that their findings are erroneous. Such individuals seem to be especially attracted to the fields of psychology, psychiatry, social work, and education, as if they were attempting to compensate for low sensitivity by accumulating theoretical knowledge. When we find such individuals working as psychotherapists or psychoanalysts, we are often impressed (or dismayed) by their tendency to interpret their patients' problems by superimposing a theory rather than grasping the patients' unique personal experiences. Let me illustrate this combination with a clinical vignette.

A young, single woman came for analysis because of her inability to create lasting emotional relationships with others, especially men. After several years of working as an art critic and amateur artist, she had begun to study psychology at the university. From the beginning of the analysis, she responded to almost all of my verbal interventions by speculating about how I came to say what I was saying. Her responses were typically formulated as: "I understand that what you had on your mind when saying. . . ." Even when I did not say anything, she would respond to her own associations with something like: "You would certainly interpret it as . . .," filling in with some sophisticated interpretation that seemed to be taken straight out of a popular book on psychoanalysis. On many occasions I found myself wondering if she came to me as my patient or as my supervisor. But what was particularly characteristic of her "interpretations" was that she was almost always wrong, ascribing to me the intention of saying things I had no notion of saying.

As an "artistic character," this woman enjoyed exhibiting what she regarded as her artistic sensitivity. From time to time, she would interrupt her associations to declare: "Now you are taking out your handkerchief," "It seems as if you did catch cold," etc. This woman was in analysis with me at the same time as the patient I presented before, and the differences between them were striking. Whereas the first patient was always right in her "diagnoses," this patient was almost always wrong. When, for example, I took off my glasses and put them on the small table near my seat, this patient would immediately say: "Now you are opening your pen." I learned that she tried to play the "understanding psychologist" among the artists she associated with in cafes and assumed the role of the "sensitive artist" among her colleagues at the university. I got the impression that both groups become annoyed with her endless psychological "babble" and her ten-

dency to explain to all and sundry what they really meant and felt, without the tact to sense whether they wanted to hear her interpretations. Gradually I came to see that her errors in interpreting my own and others' deeds, thoughts, and intentions were not made at random, but contained a common denominator. The errors were primarily in the direction of perceiving me and other significant people as being more interested in her than they really were. For example, her mistaking the noise of my glasses being placed on the table for the click of a pen reflected her expectation that I was going to take notes on something extraordinarily interesting that she had said. Once, when she had the first hour in the morning, she declared: "I can see signs that you worked here all night" (in fact I had slept in my bedroom). It became clear that in her fantasy I had spent all night studying the notes I took during her sessions.

This woman's parents were both involved in the mental health profession (one a psychologist, one a social worker) and had treated the family members as if they were a psychotherapeutic group. They encouraged the children "to express feelings freely" and did so themselves, arranging special sessions for the whole family to discuss their problems "openly." Despite this façade of mutual "understanding" and "expressing of emotions," the atmosphere seemed one of emotional coldness covered by intellectualization, especially on the part of the mother. An unempathic woman, the mother lacked any sensitivity to the real needs of her children. She educated them strictly by the book—"My mother never moved without some Freudian child guidance book in her hands," the patient commented. Every instance of neglect, emotional deprivation, or unresponsiveness to the child's needs was rationalized as an educational necessity, as something "you will understand some day is only in your interest."

In this atmosphere of empathic failure in the initial mother-child relationship the development of primary sensitivity became stunted. But the specific patterns of communication in the family did foster the development of a secondary "from within" perceptual mode. Growing up in an atmosphere of seemingly endless love and concern for her well-being, the child sensed that her mother was really unable to love her and that she was a burden to her mother. In order to disavow these feelings, she had no choice but to shut out any channel of primary communication through which reinforcing information might come to her. She thus attempted to "distrain" her emerging primary sensitivity as much as possible. Since through the channels of secondary communication (talks, logical explanations, etc.) contrary information was transmitted to her, she was strongly motivated to foster these

channels. In other words, through her primary sensitivity she could only expect to perceive mother's lack of interest in and love for her, but by believing that was communicated to her on the secondary-process level, she could hold onto the conviction that mother loved her after all and functioned only for her benefit. By adopting the "from within" perceptual mode, she not only established a secondary-process communication channel with her mother for mutual "understanding," but also developed an excellent defensive instrument for endless rationalization. With the aid of this defense, any rejecting or frustrating behavior could be twisted to seem in her favor. The paradox is that the "from within" perceptual mode is normally an instrument for better understanding of the other, but she cultivated it for the opposite purpose. It became an instrument for *not* understanding what she dimly felt to be the truth.

The same attitude was of course mobilized in the transference. Out of her unconscious expectation that I had no interest in her and did not love her, she blocked her perception of me as a feeling human being. On the other hand, by her continuous attempts to think as if in my head, she could convince herself, with the aid of projection and rationalization, that I looked upon her favorably. Her habit of anticipating what I would say next, even what I would think next, was a defense intended to prevent me from saying what I might really think—that is, something that, according to her deep fears, revealed my true negative feelings toward her.

It is interesting that a similar defense was reflected in her attitude toward her artistic activity. She repeatedly failed in her attempts at artistic creation, but could not admit that she simply lacked sufficient artistic talent. In order to deny this fact, she shifted her interest to art criticism, an occupation that enabled her to analyze and rationalize what was going on inside the artist's mind. She took pride in declaring: "I, in my criticism, succeed in understanding the artist and what he really tries to express better than he does himself."

In summary, in most cases, individuals endowed with a less-than-average primary sensitivity to others do not tend to develop "from within" a perceptual mode. When such a mode does develop, it rarely contributes to a better empathic understanding of others, but usually serves some specific adaptive or defensive purpose. The case just presented portrays only one possible reason for developing the specific perceptual mode, despite the lack in basic sensitivity. In practice we always need to look for the specific individual reason that explains the development of this combination.

*High Sensitivity Plus Specific Perceptual Mode But  
Lack of Tendency for Projection*

The third and last combination I shall discuss is the presence of an above-average of high primary sensitivity along with a well-developed "from within" perceptual mode, without the ability to project oneself into the inner image of the other. This combination contributes to a good understanding of others, but this understanding remains an intellectual one, lacking the component of "emotional knowing" (in fact, the original *Einfühlung* of German aesthetic theory). The empathizer is able to perceive and assess fairly well the conflicts, clashes of intention, hesitations, wishes, and fears of the other, but the whole image of the other's dynamically acting mind remains a mechanical one, similar to an inside view of the moving parts of a machine in action.

Psychoanalytic ego psychology has often been criticized for presenting a mechanistic image of the human mind, treating it as a complex apparatus (Apfelbaum, 1966), without provision for what Sandler and Jaffe (1969) call the experiential realm. Many analysts today hope that the emerging model of the self will compensate for this mechanistic view by enabling the human mind to be represented as an experiencing system. Rycroft (1968) states: "Ego and Self . . . belong to different frames of references, the ego belonging to an *objective* frame of reference which views personality as a structure, and self belonging to a phenomenological frame of reference which views personality as experience" (p. 39). In the terms I have been using, we may say that the ego model perceives the mind through a combination of sensitivity and the "from within" perceptual mode; the self model adds the third component of empathy—the projection of one's experiences and feelings into the model of the human mind.

Most contemporary theories of "object relations" can be criticized on the same ground, as perceiving the other and interpersonal relations in too mechanistic a way. The very practice of referring to the other person as an "object" underlines this mechanistic approach. Seeing others as "objects" characterized the patients I have already described, who had a poor ability to employ projection for understanding others.

In itself the lack of ability for projection cannot be regarded as pathological. Even the most empathic person cannot project himself into the image of *all* the others he wants to understand "from within." Normally we reserve this rather limited ability for those others for whom we feel a special emotional attachment and with whom we are

able to identify (for the relation between empathy and identification, see Buie, 1981, pp. 290–291). For most people, the world of other individuals comprises a wide range of relationships, from those regarded as emotionally close, through those perceived only as “objects,” to those declared to be “enemies.” The ability or the willingness to employ projection generally declines to the degree the other is located toward the pole of “objects” and “enemies.” If we do employ our empathic capacity to understand an enemy, our interest is usually in an intellectual understanding that serves some defensive purpose, without concern for what the enemy is feeling and experiencing. I would speculate that even good empathic analysts or psychotherapists, if completely honest with themselves, will be aware that they do not employ projection to attain an “emotional knowing” of all their patients—that with some patients they will be satisfied if they attain an intellectual empathic understanding alone.

There are wide individual differences in the *range* of emotionally close others with whom the full empathic capacity, including projection, can be employed. Some people are able to employ it to understand only the most significant persons in their lives, such as close family members. Others can extend a full empathic understanding to anyone with whom some emotional relationship is formed. A psychopathological condition exists, I believe, only if this range becomes too restricted, or if the empathizer is selectively unable to use projection in his closest relationships, or if he cannot project at all.

Kohut (1971), in describing empathic disturbances in certain students pursuing analytic training, presents one possible cause for the inability to project. He suggests that these disturbances “are reaction formations against faulty empathy, usually inhibitions due to a defense against the tendency toward an animistic perception of the world” (p. 301). It seems that at times we convey a rather ambivalent message to our students in clinical psychiatry and psychology. On the one hand, we teach them that empathy is one of the most important instrument for a real understanding of the “object.” On the other hand, we warn them repeatedly that as “scientists” they must maintain a strict objectivity. To encounter this type of ambivalent message, one has only to review the many papers published recently in the psychoanalytic literature that scornfully attack our tendency to “anthropomorphize.” Yet how can one project oneself into the “mental apparatus” of the other without first anthropomorphizing it? Were we to insist on perceiving the other’s mind only as an “apparatus” or “information-processing system,” then any attempt to project into it would really be sheer animism.

To recognize other possible causes for the difficulty in projecting oneself into the inner image of the other's mind, we must remember that such a projection seldom leaves the empathizer in a neutral position toward the other. The American Psychoanalytic Association's *Glossary* specifies: "To empathize means temporarily to share, to experience the feelings of the other person. . . . Empathy establishes close contact in terms of emotions and impulses" (Moore and Fine, 1967, p. 43). Such an experience of sharing feeling with another person, especially if the feelings are unpleasant or painful, creates an urge in the empathizer to do something to alleviate those feelings—just as a surgeon, when fully empathizing with a patient's pain, will do what he can to relieve the pain. But when this surgeon finds himself in a situation where he himself must inflict pain on the patient and is unable to lessen the pain, he may have no choice but to resort to the defense of blocking himself from sharing feelings (i.e., withdrawing his projection from the patient). The use of such a defense may explain how a good empathizer may become selectively unable to empathize and share feelings with someone very dear to him. For example, a mother who feels powerless to help her suffering child may defend herself against sharing that child's feelings.

In my experience with families living in a kibbutz in Israel, I was confronted on occasion with severe empathic failures between mothers and children, which could, in part, be explained on this basis. It is normal for a young and inexperienced mother to be anxious and to feel helpless in the face of her child's difficulties. However, the mother who *has* to take responsibility will usually overcome her anxieties and find a way to cope with the difficulty. The child-rearing practices characteristic of the kibbutz present a different possibility. Children are raised in special nurseries, where the responsibility for their upbringing is divided between the mother and the nurses. The relative share of responsibility each takes is often dependent on which one—the nurse or the mother—has the more dominant personality. Such a situation may easily lead an insecure and anxious mother to shift all responsibility to the nurses, with the rationalization that the nurses are "professionals."

I once treated an anorexic teenage girl raised in a kibbutz, who complained that she remembered her childhood in the nursery only as a period of continuous misery. What hurt her most was that when she complained to her parents, and begged them to understand her situation and not send her back, they would listen patiently, nod their heads as though they fully understood how she suffered, and then end with: "You have to trust the nurses; they certainly know what is good for

you." When I interviewed her mother, she openly admitted: "I can only blame myself for her present illness, because I always knew that something was wrong there, but what could I do? I couldn't fight with the educational committee and all the kibbutz. I couldn't listen to the child at the same time. So I trained myself to shut out my feelings." The father, also present at the interview, added: "We both reacted like Baron Rothschild in the old Jewish joke. He hired a special guard to kick out the poor beggars who knocked on his door to ask for charity, because he claimed that it broke his heart to see their misery."

Sometimes, in the psychoanalytic supervision of candidates, we see a similar defensive withdrawal of projection. A young analyst, and especially one who tends to overidentify with his patient, may experience a conflict between loyalty to his patient and loyalty to the institute and "technique." His patient is involved in troublesome conflicts, and the analyst feels a pressure to intervene in some direct way to alleviate the patient's suffering. But, according to the "technique," he is forbidden to resort to any direct intervention, or even counseling. Frustrated at watching the patient suffering, and feeling himself unable to provide any immediate relief, he may withdraw his projection, shut himself off from sharing feelings with the patient, and protect himself with the "safe" stance of intellectual empathic understanding.

In summary, when our patients confront us with an inability to enrich an otherwise good empathic capacity with the component of projection (the original *Einfühlung*), we must first assess if this inability is a total one, pervading all instances of empathy, or a selective one, directed against one particular person or one group of people. In the first case—a total inability—we have to look for a general disturbance in the development of emotionality, or in the ability to identify with others. The second instance—a selective inability—seems to be the more prevalent difficulty. Here, we must look for a specific disturbance in the interpersonal relationship between the empathizer and the particular person or group of people with whom the difficulties are displayed.

### *The Further Development of Integrated Empathy*

I have described several possible disturbances in the capacity for empathy caused by the distorted development in early life of one or two of its basic components. The question now arises: What happens once all three components of empathy have attained their optimal levels of development. Can the individual at this stage suffer further



developmental disturbances in the capacity for empathy? My experience suggests that this can happen. The developmental disturbances occurring after the stage in which the three basic components of empathy become integrated do not express themselves as discrepancies in the basic components of empathy, but as discrepancies in the relative ability to use the integrated empathic capacity effectively with various people for different purposes. Such an individual may display an excellent ability to understand a particular individual empathically, but be extremely insensitive to another individual.

Empathy normally serves as one of the main cognitive instruments for human communication and mutual understanding. It is the *sole* instrument for mutual *emotional* understanding. The satisfaction experienced in establishing an emotional relationship with another, that is, understanding and being understood, acts as the most powerful motivation for the development-by-training of the empathic capacity. On the other hand, disturbances in emotional interpersonal relations, in the ability or willingness to understand and to be understood, may hinder or distort the further development of empathy. This is especially so if empathy shifts from being a capacity directed toward creating emotional closeness to being a defense against such closeness. Then, it may be activated by a sense of hopelessness in being understood, by a need for emotional isolation, or by a fear of emotional intrusion. The following clinical vignette illustrates this form of disturbance.

A university professor in his forties came to me for psychotherapy several years after he had completed a four-year psychoanalysis. He complained that in spite of some positive results from the earlier treatment, the main symptom for which he had begun analysis had not altered and perhaps was even more troublesome. He suffered from a selective inability to concentrate in reading or listening and to comprehend the meaning of what he read or heard.

This man's profession, in the humanities, required that he read much of the classical and current scientific literature, as well as seminar papers and examinations written by students. It often took him hours, sometimes even days, to read a single paper. Sometimes he had to read each sentence over several times before he could grasp its meaning. As a result, his store of information was meager; he would become anxious lest he be considered an imposter, lest the fact that he had not read the most basic texts in his profession be exposed. Sometimes, however, while reading a paper or listening to a lecture, he experienced a sudden illumination and could understand what he had read or heard in the most comprehensive manner. At these times he

saw all the inner connections, understood exactly what the author meant, and could discern any contradictions or errors in logic. In response to these spells of understanding, he sometimes developed his own original and creative ideas. The problem was, as he presented it, that he had no control over this ability; he did not know when he would have to struggle to grasp a paper's or lecture's meaning, or when everything would suddenly become crystal clear.

After thoroughly exploring his special cognitive patterns of reading, his ways of employing his attention and his attempts at comprehension, we began to understand that one problem was that he could not read superficially. He could not, for instance, quickly read a written examination to get a general impression of the student's level of knowledge. As he described it: "Every written text or lecture is for me like an intricate building. I cannot understand anything by merely looking at the building from the outside. I have to enter it, to learn its inner architecture, to know why the architect planned it exactly this way and not another way and to find the beams that support the building. It is only then that I can feel I have really understood it."

After reconstructing his childhood patterns of communication, we were able to see some connection between his present difficulties and the patterns of the past. From early childhood, he had felt that his mother and grandmother (who lived with them) formed a united front against him. Both were overprotective, intervening in and trying to control everything he did or said. He felt he was never able to develop autonomy. They did not respect anything he thought or felt—they always "knew better." He remembered his constant sense of helplessness and despair in trying to express an idea and to get them to understand what he was thinking or feeling. They never seemed to understand what he was expressing. Everything he said was distorted; even if he tried to resist them and to express his own opinion, his very words were twisted to sound like a confirmation of what they wanted him to say. He tried as best he could to formulate his thoughts accurately. Perhaps, he thought, they did not understand him because he didn't express himself clearly enough. (Actually he developed an excellent talent for using language, and a superior ability to formulate even the most complicated ideas clearly.) His efforts were in vain; whatever he said was twisted to meet his mother's and his grandmother's desires.

To defend himself from this massive intrusion and to protect his emerging autonomy, he adopted two opposing strategies. The first was to play the role of the "idiot" who could never understand the

exact meaning of what was said to him and therefore always managed to respond differently from what was expected. The second was to use his capacity for empathy to penetrate into what his mother and grandmother were thinking and feeling, to catch "from within" their latent intentions and the logical errors in their communications. The first stratagem enabled him to evade their oppression and to do what he himself wanted. At the same time it was a way to pay them back with the same coin—"I don't understand what you mean . . ."—without risking the danger of being blamed and rejected for being aggressive. The second stratagem served as a buffer against the emotional impact of his mother's and grandmother's intrusion and neglect by enabling him to convince himself that they had nothing against him, that their hurting him stemmed only from their own problems. Even in his preschool years, he "understood" that the reason they did not understand him and distorted the meaning of his complaints was that they needed to deny that he could suffer. They had to distort his words to convince him, and themselves, that he was always happy.

The connection between his childhood cognitive defenses and his present disturbance became clear: he has at his disposal only two possibilities in terms of comprehension—not to understand at all or to understand something "from within," in the most detailed and complete manner. But the question remained: Even if he was limited to these two opposite modes of understanding, why was shifting from one mode to another not within his conscious control? Why was it that he could not understand a text even if he was ready to invest all the time and energy to understand it "from within"? Only after many hours of exploring his fantasies and dreams did we arrive at an answer. To understand "from within" was, for him, not simply a defense aimed at blunting the emotional blow of intrusion and neglect; it also provided him with a feeling of omnipotence, an illusion of being able to control and master even the most hidden thoughts of his mother and grandmother. Not only could he penetrate their thoughts and see the architecture of the "building" from within, but because he could locate the building's central support, he had the power to remove it so that the entire structure would collapse. According to his childhood memories, only the first stratagem—playing the "idiot"—was expressed in his overt behavior; the second stratagem—his ability to observe and understand the latent motivations of his mother's and grandmother's deeds and communications—was used secretly, only for himself. The reason he never displayed his knowledge was that he "knew" he had the power to overthrow their entire system of belief with one sen-

tence. And that was exactly what he was so afraid of—that he might reveal his power to destroy the two people on whom he was so dependent for good will, recognition, and the love he longed for.

My patient could not understand anything unless he could perceive it “from within” and discern all the thoughts and emotions hidden behind what was manifest. In his fantasy, however, such a penetrating understanding gave him the power to control the other’s mind and to destroy the other if he wanted to. He could never allow himself to use this power openly, for he was convinced that if his possession of such a power was revealed, he would be punished and excluded by everyone he loved and depended on. In order to prevent an accidental revelation of his special power, the best defense was simply not to understand anything. Then, no harm could be done. Once we became aware of this unconscious fear, we could analyze each instance of “sudden illumination” and see that it occurred only when it was absolutely clear that understanding the exact meaning would in no way harm the author or his memory (in cases of a prominent deceased figure). Only then, when there was no danger that understanding might be misused against someone, could he allow himself to employ freely his excellent capacity for empathic understanding.

This case illustrates three general mechanisms relevant to an understanding of possible disturbances in the development of the capacity for empathy:

1. My patient’s capacity for empathy, when it could be employed freely, was a fully developed one, characterized by the integration of a good basic sensitivity, the specific perceptual mode, and an ability for projection. According to the theory I have presented, the disturbance limiting the ability to employ empathy freely had to be a rather late one, distorting the development of the empathic capacity in a phase where the three basic components were already well integrated. From our reconstruction of the early mother-child relationship, it seemed there were no serious disturbances in the early developmental phase. His mother functioned well in her role, provided for his basic needs, understood him empathically, enabled him to form a basic trust, and let him attain some individuation. Presumably, the interpersonal problems appeared only in a later phase, when his mother could not adapt to his emerging independence and to the consolidation of his masculine identity (a problem that was also responsible for his many sexual difficulties). Coleman, Kris, and Provence (1953) have described several cases of this sort, in which a mother was able to function well in the early phases of her child’s development, but could not adapt to one of the later phases. Such maladaptation may explain many disturbances

in the development of the capacity for empathy seen in clinical practice. In particular, it explains those cases in which, despite severe disturbances in the ability to employ empathy, the basic capacity remains intact and well integrated.

2. Empathy is an instrument enabling the emotional understanding of others, and its development is normally driven by the motivation to form close and gratifying emotional relations with others. But, at any particular point in the developmental course, empathy may shift from being an instrument for creating emotional closeness to serving as a defense against such closeness. Although the defensive need may also act as a powerful motivation for further development-by-training of the empathic capacity, this further development, motivated by a defensive need, may not proceed smoothly. I consider the following to be a general principle of cognitive development: The motivation for the development and improvement of any capacity, skill, or talent may be a normal or a defensive one. Both kinds of motivation may result in the particular capacity attaining an equal level of improved performance. But if the motivation is a defensive one, the resulting capacity may remain forever connected in its structure, modes of operation, or patterns of use to the defensive needs responsible for its development.

3. The improvement of the capacity for empathy produces a better emotional understanding of others, but better understanding may be used *against* others as power to control and manipulate them. When the whole sector of being assertive, behaving aggressively, or possessing a special power to use against another individual is conflicted, the development of the capacity for empathy may be impaired. If empathy becomes equated with power or destructiveness, all the inner prohibitions and defenses against acts of aggression may also be directed against using empathy as an instrument to understand the other person better.

### *Conclusion*

Let us return now to our opening question: Is it possible to improve a low capacity for empathy by means of psychotherapy? We have seen that the capacity for empathy comprises three different components—a basic sensitivity to others, a specific mode of perception, and an ability to project oneself into the self of the other. Each of these components develops out of some innate capacity, and each has its own line of development, influenced by specific maturational and environmental factors that may foster, hinder, or distort development. With

time, the three basic components become integrated into what we call "the mature capacity for empathy," a capacity in which each component depends for its efficient functioning on the presence and smooth operation of the other two. When each component develops optimally, without disturbance, and a good integration of the three is attained, the three lines of development gradually coalesce so that any further development of one component influences the development of the other two. We can then speak of "the development of empathy" as a single process, leaving its differentiation into three component lines as an academic concept.

With regard to the ability to understand others, the basic sensitivity is the most important component. The presence of a good primary-process sensitivity alone, as shown in the second clinical case, can contribute to a good understanding of others. Its limitation is that such understanding remains for the most part on the level of "feeling" or "intuition." Only by processing the information received with the aid of a suitable model can the understanding be conceptualized and utilized for logical inferences and rational thinking. The specific mode of perception that develops as a part of the emerging secondary process serves as such a model. By facilitating the use of the primary-process findings in the realm of secondary-process thought, it contributes to a better understanding of others. The ability for projection adds the aspect of "emotional knowing." If, however, the basic sensitivity is low or missing, neither the specific mode of perception nor the ability for projection will in themselves enable a truly better understanding. The specific perceptual mode may result only in an inclination for rationalization, just as the tendency for projection may result only in a propensity for animism.

It is the presence of the basic sensitivity that determines the possibility for the psychotherapeutic improvement of the capacity for empathy. When basic sensitivity is well developed, almost everything is open for change and improvement. But if the basic sensitivity is low or missing, little improvement can be expected. Fortunately, only a small number of patients completely lack basic sensitivity. In most cases we detect an average or even a rather good sensitivity, which could not be utilized owing to the lack of a suitable perceptual instrument for conceptualizing its findings. Unprocessed by the perceptual mode, the information obtained by sensitivity remains on the level of feelings and intuition—making the use of this sensitivity to understand others especially difficult for those patients who have a general problem in trusting their feelings and utilizing them as a guide for interpersonal behavior. The obsessive-compulsive personality, who always tends to

reject any impressions attained by feelings or intuition as unreliable, is a good example. Much can be done for such patients. Even if there is little possibility of developing the specific perceptual mode, the patient can learn to trust his feelings and intuition and utilize them for a better understanding of others.

Another question is whether it is possible to create the specific mode of perception if it has never been present. In practice, some germinal ability to perceive the other "from within" is almost always present. What we are faced with is the problem of cultivating this germinal ability. I believe that the best therapeutic medium for such cultivation is dynamic group therapy. In a case of impaired capacity for empathy, it may be a good idea to supplement psychoanalytic therapy by referring the patient to group therapy after completing analysis. In this type of therapy—where the patient has to confront several others, listen to their problems, try to understand them and be understood by them—the interpersonal dimension can be dealt with better than in individual therapy.

When the patient displays an isolated disturbance in the ability for projection, while other components are well developed, the disturbance is mostly of a secondary character. We may assume that if the specific mode of perception is present, a potential for projection also exists. Both are dependent on the maturation of the secondary process and on the development of self-object differentiation. Therefore, if what is lacking is only the ability for projection, the cause is most likely to be found in the activity of specific defenses that prevent identification and sharing of emotions with others in general, or some significant person in particular. In these cases, the prospect for change depends on the general neurotic constellation and the pattern of defenses. An improvement in the ability for projection can be expected insofar as a change in the pattern of defenses is possible.

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