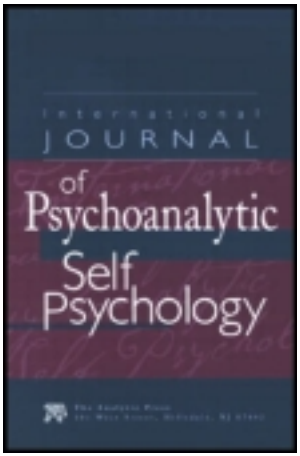

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How the Empathic Process Heals: A Microprocess Perspective

Richard A. Geist, Ed.D.

Kohut struggled tenaciously for many years with his ambivalent attitude toward empathy's potentially curative effect. In his final lecture, Kohut clarified his belief that "empathy per se is a therapeutic action in the broadest sense. . ." His premature death, however, prevented him from formulating the specific and myriad ways that empathy contributes to the healing process. Contemporary self psychologists continue to debate whether and how empathy may contribute to the healing process, but these discussions tend to be more theoretical than clinical. Rarely discussed or articulated are the experience-near clinical questions of how the therapist or analyst actually enters another's subjective world, how he allows the patient into his own world, and how empathy impacts intersubjective healing processes in any given therapeutic session. This article delineates, from a microprocess perspective, how empathy contributes to healing. I attempt to formulate an intersubjective definition of empathy as a mutual analytic process, describe empathy's general contribution to psychic healing, present a verbatim analytic hour in which I endeavor to remain embedded in an empathic process, and then, through a progressive discussion of that hour, enumerate more specifically how empathy benefits the healing process.

Keywords: connectedness; empathy; healing; intersubjective; mutuality

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Kohut struggled tenaciously for many years with both the multiple meanings of empathy and his ambivalent attitude toward its potentially curative effect. Just three days before he died, however, in one of those sudden revelatory moments, Kohut (1981) extemporaneously clarified his belief that ". . . despite all I have said, empathy, per se, is a therapeutic action in the broadest sense, a beneficial action in the broadest sense of the word" (p. 530). Although Kohut delineated specific, disparate meanings of empathy—as a definer of the field (the methodology for collecting our data), as an informer of our therapeutic actions (how we respond to the patient), and as a facilitator of empathic resonance (opening up mutual pathways of empathy between patient and analyst), he demurred in challenging the pantheon of his classical colleagues and never formulated or specified the myriad ways that empathy contributes to the healing process. Kohut (1981) merely added, ". . . since it [empathy's healing function] is true and I know it is true, and I've evidence for it's being true, I must mention it" (p. 530).

While generally accepting Kohut's somewhat conflated, tripartite conceptualization of empathy, contemporary self psychologists continue to debate whether and how empathy may contribute to the healing process. These discussions, however, often focus on peripheral, theoretical questions: whether there are meaningful differences between employing empathy as a method for collecting data and utilizing it as a therapeutic response, whether an empathic listening perspective ignores unconscious data, and whether an empathic stance excludes the analyst's subjectivity. Rarely discussed or articulated are the experience-near clinical questions of how the therapist or analyst actually enters another's subjective world, how he allows the patient into his own world, and how empathy impacts intersubjective healing processes in any given therapeutic session. In other words, what does empathy actually look like in an analytic hour if the analyst chooses to remain continuously immersed in the patient's subjective world? What goes through the therapist's mind when he discerns the therapeutic process through an abiding empathic lens? How does the patient respond to the therapist's empathic immersion? How does the patient come to know the empathically immersed therapist? Although these questions evoke a diversity of opinions rather than any unified answers, I believe there is value in studying the microprocess of the analytic hour to illuminate more clearly empathy's impact on the healing process.

With this belief in mind, I attempt to formulate an intersubjective definition of empathy as a mutual analytic *process,* describe empathy's

general contribution to psychic healing, present a verbatim analytic hour in which I endeavor to remain embedded in an empathic process, and then, through a progressive discussion of that hour, enumerate more *specifically* how empathy benefits the healing process.

Empathy—an Expanded Definition

For the purpose of this discussion, I am defining empathy not so much as a listening perspective (Fosshage, 1997) or a method for collecting data (Kohut, 1959); although clearly it is both, but as a continual and mutual process that occurs between patient and therapist. The empathic process unfolds when we imaginatively feel and think our way into another's life, experience his or her world from the patient's subjective vantage point, and *convey our understanding of what we experience to the patient in a way that invites the patient to emend, clarify, or correct our understanding*[1] *in the context of our own subjectivity*. Empathy, in this sense, is mutual and bi-directional. On the one hand, it is a dynamic reaching out to understand our patient's subjective reality and a tentative dialogic sharing of that understanding with the patient. On the other hand, it is an active or implicit invitation to the patient to empathically search out the therapist's personality, theory, and style of relating, for without knowing and experiencing the therapist's subjectivity, the patient cannot begin to trust or know what affective states the therapist can tolerate and welcome. In other words, the empathic process determines the depth and breadth of affective connections that will emerge in the patient therapist relationship.

This expanded definition of empathy obviates some of the more common criticisms and misinterpretations of empathy. It vitiates the idea of empathy as belonging to a one person psychology by including the subjectivity of the analyst as an important part of the empathic process; it eliminates epithets such as "nice," "compassionate," "kind," and "sympathetic" from the empathy lexicon; it allows a deeper understanding of healing as an emergent property of the empathic patient–analyst system (Stolorow, Atwood, and Orange, 2002); and it allows us a more experience-near explanation of how the unconscious emerges from empathic interchanges.

[1]Conveying our understanding to the patient is similar to what Anna and Paul Ornstein (1996) referred to as a therapeutic dialogue, but here used in a more limited sense to expand the definition of empathy.

During every analytic session, the empathic process exerts both a *general* healing effect and more *specific* curative influences. In a general way, mutual empathic processes[2] encourage patient and analyst to search out and understand each other's subjective world, catalyzing what I have described as an evolving connectedness between members of the analytic couple (Geist, 2010, 2011). Connectedness is the metaphorical experience that results when patient and therapist *perceive* each other as separate people while they concurrently *experience* each other as a deeply felt presence in one another's subjective world. Connectedness expands Kohut's conviction that the analyst's selfobject functions are felt as part of the patient's self organization to a more encompassing belief that the analyst's total responsiveness—his selfobject functions, empathy, and subjectivity—is experienced as part of the patient's sense of self (and vice versa). Tiemann (2012) captures the idea of connectedness as a deeply felt presence in her own treatment when she states:

> . . . [W]hen I found in my analyst a person who took me seriously, accepted me, and understood, I began to feel that I was present in her and that an aspect of our relationship had taken up residence within her [p. 544].

Previous to feeling a sense of connectedness, however, the empathic process strengthens one's self organization so that each partner can relinquish enough of that self organization to allow another to feel like a felt presence in his life, enhancing what I have called a sense of permeable boundaries. The more permeable the boundaries the more patient and analyst are influenced, experienced, and regulated by each other; the more permeable the boundaries the more intimate their relating becomes, especially in the implicit domain (Beebe and Lachmann, 2002). It is the empathic process that determines the depth and healing potential of any treatment. It is this mutually empathic process that allows ". . . each partner's communicative behavior. . . to (adapt to and) conform to the

[2]This expanded definition of empathy de-emphasizes vicarious introspection as an important part of the empathic process. The idea that we search for "certain alikenesses" (Kohut, 1996, p. 384) to the patient's feelings in our self to discover how the patient is feeling tends to be a more experience distant function. Rather than relying on information obtained from our immersion in the patient's world, it merely reflects our generic, mutual humanness, which is rarely specific to an individual patient's affective state. For a further discussion of this issue see Geist (2007).

other's expectations" (Lachmann, 2005, p. 161). And, it is the empathic process that facilitates an unselfconscious give and take dialogue, a comforting interactive rhythm, which allows both patient and therapist to reveal more of themselves to each other in the service of strengthening each person's sense of self. In other words, there is an intrinsic relationship between empathic processes, a connectedness sensibility, and a more cohesive self-organization.

To understand the more specific impact of empathy on the healing process, it is helpful to delineate the myriad patient–analyst activities that seem to contribute to self-cohesion and then, through our verbatim material, illustrate how empathic processes assume a pivotal importance in evoking these healing interactions. In my experience, these intersubjective activities include rekindling of thwarted developmental needs, repairing intersubjective disjunctions, corrective emotional experiences, expansion of emotional convictions or internal organizing principles, the reorganization of intimate expectancies, interpretative understanding, heightened affective moments, and transmuting internalizations.

These are the primary intersubjective processes that seem to carry the analysis (although weighted differently depending on the particular therapeutic dyad) and contribute to strengthening the patient's self-organization, but the efficacy of each is intricately enmeshed with the empathic process that serves as a structural foundation on which the healing processes are built.

The Empathic Process—an Analytic Hour

Jen came to see me following her therapist's decision to end a long, analytically oriented treatment that neither participant felt was helpful or constructive. When Jen initially entered this second treatment, she felt ungrounded, frequently overwhelmed with social anxiety, and experienced a sense of empty depression and depletion. Unlike her first treatment, we formed a meaningful relationship relatively quickly, and during the first several months, Jen seemed to feel understood by me, as well as indicating an unusual awareness of my own conscious and unconscious processes. At one point, for example, she told me that she felt I had difficulty accepting compliments, but that I should not worry; by the end of her treatment, I would be more receptive to them.

The following interview occurred in the context of my appreciating how Jen's need for a relationship in which she could be understood was

far more important to her than the genetic and dynamic explanations that had been emphasized in her initial, aborted therapy. Two days previous to this session we had been talking about Jen's conviction that I was not quite myself during the hour. She was slightly annoyed that I had difficulty finding the kernel of truth in her perception:

Jen: I feel like I'm intruding today.
Dick: Oh, you noticed all the cars outside?
Jen: Yeah, you have people here?
Dick: Yes, there have been lots of people here the last couple of days; they're leaving shortly, but it feels to you like this isn't quite a workday for me?
Jen: True, are you seeing people today?
Dick: Yeah, a couple. It's one of those days, though, that sort of has a different feeling than a regular day?
Jen: Yes. I'm glad to be here though. Smells good.
Dick: I brought you some chocolate chip cookies if you'd like some. I figured it wasn't fair to have all the food smells wafting around without offering you something.
Jen: Oh, thanks. (*brief silence*) Do you have any thoughts from last time?
Dick: I do. Remember how you felt I wasn't quite me last time and we couldn't figure out why. Well about 8 or 9 at night I began feeling achy and exhausted and it lasted into the next day, so you must have picked up something in me that I wasn't aware of yet. I think it's important we trust your instincts.
Jen: I don't do that enough, trust myself. I always think it's me; thanks for telling me. So how was your holiday?
Dick: I tell her a little about my holiday and who was there.
Jen: Mine was ok too. I cooked. In fact I wanted to make chocolate chip cookies because I like them so much, but just never got to it. It was mostly Steve's [boyfriend] friends. Everyone kept asking me if they could help, but I didn't know what to tell them. I didn't really want them around because I would have to talk with them and I didn't know what to say.
Dick: *(picking up on a theme the tendrils of which had emerged a month ago)* It would have all felt too superficial?
Jen: Yeah, I can be superficial out there, like at work or with my roommates, but there's no purpose to it. I'd rather not be with anyone. In here, though, I can't be superficial; it's like I have nothing to say

and go completely blank. Even though I think all the time about coming here.

Dick: It feels more real being totally blank than making small talk?

Jen: Definitely.

Dick: So tell me what it's like when you feel totally blank.

Jen: It's like there's nothing there, just nothing, I feel like an empty shell.

Dick: Tell me if I'm wrong, but I'm hearing the blankness as a way of telling me about a world that no one sees, one of raw emptiness and nothingness.

Jen: You're right. Why can't anyone see that? You know I feel that everyone thinks I'm functional, at work, with Steve, but underneath there is nothingnesss. Dr. B. (previous therapist) could never see it. I'm so desperate and no one knows it. Maybe I should just be like my sister and not even think about it, but she just acts unhappy all the time. My evaluations at work are coming up; they'll be fine, but it's all superficial. I feel so desperate. I think I need to be in a hospital for a year.

Dick: You mean so that you could let yourself fall apart and then come back together more whole?

Jen: Exactly. I think I could be, I could be, I think of it as liberated, in the sense of maybe if I totally fell apart I could totally start over and be me.

Dick: Feels like being you never happened?

Jen: The only reason I survived was by being compliant with my family's needs. I was desperate and I don't remember much before 5, but I can't imagine it was any different earlier.

Dick: It's obviously a guess, but earlier things at home were in such chaos that you probably felt every move could be catastrophic so you had to just comply. I know that's a bit intellectual but. . . .

Jen: *(She interrupts me)*. No, no I know that's right. I felt that and I know I must have gotten rid of all the feelings, as you would say, split them off, but how do I get in touch with them. I know that's what I have to do in here.

Dick: As we connect more deeply, I think you'll feel strong enough to let some of those feelings in.

Jen: And how does that help?

Dick: Whatever the feelings are, sad, angry, joyful, expansive, they become part of you and feel real. They replace that devastating void you feel.

Jen: No one knows how devastating the nothingness is and it really's been there for my whole life. Dr. B's smart, why couldn't he get it in so many years. We just stayed on the surface. He seemed able to recognize I had a pseudo maturity but he had no capacity to go deeper, so why do you get it?

Dick: You're asking if it's possible I really do get it?

Jen: A little, but more it feels like I can only know the answer to that if you tell me how you get it.

Dick: You mean if it's you or me or the fit?

Jen: Yes.

Dick: You hear things differently depending on how you listen. If you listen from the outside, as Dr. B. did, you hear one thing, like seeing how you function and impact people. If you listen from the inside, seeing things from your perspective, you hear things very differently.

Jen: And have I given you clues as you see it through my eyes?

Dick: Definitely, like when you get to the point in here where you say, "I'm blank" and then ask what thoughts I have. I hear that as a way of telling me how empty you feel and how the nothingness makes it impossible to continue without my help, my thoughts. That's different than my reacting as if you were resisting something.

Jen: Which is exactly what Dr. B did. I really need your thoughts, otherwise I can't do it.

Dick: Yes, there's something real from me that you need.

Jen: Unless I feel I know you, I can't feel safe enough to let it happen, to let my feelings take over.

Dick: To have this almost be like a hospital and risk falling apart with me.

Jen: That's right. I just wonder how long it will take for it to happen. I don't understand how you do it. You stay so with me in here. I wonder if you do that with your other patients.

Dick: Feels too good to be real?

Jen: Yeah, I worry that as deeply as you get me right now down the road we'll hit a road block and it will all fall apart, but at the same time, for now you're with me.

Dick: How could you not be worried? You spent a lot of years with it not happening, and in a different way, a lot of years before therapy feeling that no one got you.

Jen: And in the face of that I have this ability, I don't know where it comes from, to just keep functioning, everybody out there thinks I'm fine.

Dick: So will in here become like out there down the road?
Jen: I'm afraid of that; that would be the roadblock.
Dick: If I stop appreciating the depth of the nothingness or get scared of your need to fall apart with me.
Jen: I'm afraid of that, of both.
Dick: I know, and you certainly don't need me being afraid of that.
Jen: You're not allowed to. It's up to you to get me better you know!
Dick: Yes, you have convinced me of that! (*We both laugh.*)
Jen: *(notices the hour is over).* Can I take the cookies with me?
Dick: Of course, they're for you. See you Monday.

Re-Engaging Empathic Immersion Processes

When empathic processes between patient and analyst support and guide the treatment, each therapy session requires the re-establishment of empathic connectedness, even for those patients for whom continuity over time and through space is not a major concern. As empathic connections are rekindled, both patient and analyst usually experience a revitalized feeling of aliveness, realness, and investment in each other's functioning, activities, and capacities. Resuming empathic connections provides an important, safe guardian of the patient's (and often the therapist's) narcissistic equilibrium for that particular session. It is the sense of safety provided through the empathic process that fosters a freedom to engage in a more symmetrical conversational tone which, in my experience, deepens the session more rapidly than one in which the therapist inquisitively questions and explores the fragments of the patient's statements or associations.

For example, when Jen enters the office and says, "I feel like I'm intruding today," I could have pursued why she was feeling that way, but empathically, I experience her as wanting validation for how she is feeling—her real perception that she potentially may be intruding on a family gathering. I do not discover this through vicarious introspection but, rather, through experiencing her as part of my self and tentatively "knowing" how she feels. I confirm that she has legitimate reason to wonder if she is intruding by validating that she probably noticed the cars outside; this perception was acknowledged in the form of a question that encourages her to correct me if I am mistaken. My affirmation also implicitly invited her (in a mutual way) to explore my world, and she asked if I had people

here. I then answer the question in the service of deepening the dialogue, fostering mutuality, and evoking both our subjectivities as we begin to feel each other as part of our respective selves. I then wondered if she feels like this is not quite a workday for me. She agrees, and we both concur that this day has a special feel to it. The re-established connectedness allowed Jen to relax and acknowledge that she is glad to be here today, commenting that the office also smells good.[3]

It is my belief that if I had explored why Jen thought she was intruding or avoided answering her questions, the re-connectedness would not have occurred, and the empathic process would have been derailed. Although Jen's assumption that she was intruding may have been based on an important internal organizing principle or expectation, such emotional convictions cannot be usefully explored before re-connectedness is established in any given hour. Empathic processes in this brief exchange contribute to the healing process in that they foster both connectedness and continuity of self, which is necessary to continue from where we left off in the previous session.

Empathic Continuity Leads to Repair of Disruption

Once our connectedness is re-established, Jen experiences continuity between today's session and our last meeting. Continuity is necessary for the deepening of the hour, but such continuity must also be mutual. Jen reached out to probe my capacity to both remember last session and tolerate her affective disappointment in my not understanding why I seemed "off" during the previous hour. She felt free to ask me if I had any thoughts from last time. I felt flexible enough (comfortable with allowing her to mold and shape what she needed from me) to explain that, indeed, I did have some thoughts—that she had been correct in her unconscious tuning in to my not being quite myself. I acknowledged that I had felt ill later that night, and that she must have picked up something in me that I was not aware of yet. I then added that I thought it was important that we trust her instincts. Jen responded by telling me that, "I don't do that enough, trust myself.

[3]My offering her the cookies was meant as an optimal response, but according to our definition is informed by, but outside of, the empathic process.

I always think it's me; thanks for telling me." In other words, Jen seemed to be saying that my empathic response helped her to feel confident in her own psychic reality rather than be a compliant, accommodating patient, a process Stolorow (1994) has defined as the rekindling of a self-delineating transference.

In my view, Jen's response indicates a repair of the minor disruption that occurred in our previous session, a recognition of and highlighting of an internal organizing pattern (that she always believes if something goes awry, it is because of something she has done), and an incipient reorganization of our intimate relating that is occurring in the implicit domain (Beebe and Lachmann, 2002)—in other words, an implicit altering of Jen's expectation that people will blame her for random, negative, interpersonal events. When in an empathic process with the patient and a disjunction occurs, I am more inclined to transcend the explicit meaning of "wearing the attribution of the transference" (Lichtenberg, Lachmann, and Fosshage, 1992) and join the patient in searching for the kernel of truth in her assertion (Kohut, 1984). This implies a willingness to expose my vulnerability by acknowledging my specific empathic failure as perceived by the patient. If I had been solely wearing the attribution, I might have commented on how hurtful it was for me not to have recognized and validated Jen's assumption that I was not myself (in other words, to neither affirm nor deny the correctness of her perception). To acknowledge the specificity of her truth is to acknowledge myself as a malfunctioning part of her self in the context of our connectedness. This means that my capacity to empathize with my own error reverberates within her and helps her to empathize with the malfunctioning parts of herself. Thus the empathic process contributes to healing by helping the patient to become more empathic (and often less critical of and perfectionistic toward) herself. In my experience it is during such moments of the therapist's empathic vulnerability that the patient is also most open to recognizing and reflecting on her own internal organizing patterns[4] and to changing her expectancies.

[4]It is also the existence of the empathic process that allows empathic failures to actually occur and be repaired. Without empathic connection there can be no therapeutically useful disruptions.

EMPATHY AND MOVING TOWARD A CORRECTIVE EMOTIONAL EXPERIENCE

Kohut (1984) suggested that corrective emotional experiences help the patient to realize that, "contrary to his experiences in childhood, the sustaining echo of empathic resonance is indeed available in this world" (p. 78). This is similar to Bacal's (1990) idea that "subjective attitudes. . . change as a result of significant experience in relation to his therapist as selfobject" (p. 369), and to Marian Tolpin's (1983) concept of the corrective developmental dialogue. Corrective emotional experiences, in my view, when based on an empathic process, specifically impact deeper, mutual forms of understanding, new ways of communicating, and altered styles of relating that feel real for both analytic partners. Mutual forms of understanding validate each other's selfobject needs (and welcome their remobilization in the patient); new ways of communicating help each partner to engage in a conversational process that is specific to how patient and analyst facilitate the expression of each other's affective states; and altered styles of relating refer to the unique ways in which the analytic couple experiences each other as being part of one's own self organization.

For example, following Jen's thanking me for evoking an internal organizing pattern (I always think it is me) when I told her about my 24-hour bug, she trusted me enough (she knew I would answer) to assertively ask about my holiday—about my subjectivity. I responded by sharing my experience, thus demonstrating my willingness to be known and engage on any level she wished—an emotionally different experience than her earlier history allowed. This new way of communicating allowed Jen to respond with a mutual explanation of her own holiday experience, which led to a deepening expression of her affective states (both her tendency toward superficial compliance and overwhelming feelings of emptiness and nothingness). Remaining empathically immersed in her world and feeling her dilemma as part of my self, I recognized that she felt more real being totally blank than making small talk. This is a very different response than asking her what made it so difficult to talk with her friends. As Jen incipiently felt the depth of my understanding, she revealed the nothingness underneath her protective carapace. In other words, empathy helped her to both integrate split off emotional states and realize that I could tolerate the depleted and potentially fragmented affective state that underlies her statement, "I need to be in a hospital for a year."

Empathy and Rekindling Thwarted Developmental Needs

Rather than being pulled out of the empathic process and asking about her need to be hospitalized, I managed to remain in our dialogue and commented on her hospitalization as a way to let herself fall apart and return feeling more whole. Jen agreed that if she could psychologically collapse and remobilize her needs, she "could totally start over and be me." As I recognized from within her world that the "me" never happened, Jen described how she used pathological accommodation (Brandchaft, Doctors, and Sorter, 2010) to survive: "The only reason I survived was by being compliant." Once again, the empathic process leads to the recognition of her own internal organizing principle. I then offered an interpretation from within her subjective world, which attempted to explain and organize how hyper-vigilant compliance helped defuse potential catastrophe. Such empathic interpretations, when offered from within the patient's subjective world, facilitate the patient's sense of self-organization and continuity of past and present.

The empathic interpretation deepened the hour, and Jen wondered how she was going to get in touch with the feelings she eschewed in the service of preserving her compliance. At this point, it was tempting to emerge from an empathic stance and offer the usual psychoanalytic clichés for integrating feelings (e.g., talking about them), but I managed to remain within our mutual world, and suggested that it would be our connectedness that would help her feel strong enough to allow the reintegration of feeling states. In other words, I have as much of a role in this empathic process as she does. Jen naturally wanted to know how that helped; and, once again, rather than avoiding her question with the usual analytic artifice, I could feel that the re-integration of her "split off" affective states would begin to fill her up, and I conveyed that empathically derived understanding directly to her.

Empathy and the Specificity of the Dialogue

Our empathic process naturally motivated Jen to wonder why this can happen with me when it did not occur in her previous treatment. Maybe, I sensed, her questioning is in the service of expanding her own emotional conviction that when things go awry it is her fault. Maybe things could be different this time. I told her directly (my subjectivity in the form of

my theory) how the empathic process worked, but I approached it from within our mutual connectedness. I offered her an example of how, when she feels blank, the nothingness makes it feel impossible to continue without my help, and how that is different than viewing her blankness from the outside as a resistance to engaging with me. And, Jen added, that is the way her previous therapist discerned it. I agreed there was something real that she needed from me. Jen confirmed that, "Unless I feel I know you, I can't feel safe enough to let it happen, to let my feelings take over." Here we witness firsthand how important the dialogic part of the empathic process becomes—the active invitation to the patient to know our subjectivity, our belief, our theory, our personality, before she risks exposing or rekindling her longings.

Even when the patient feels known by us, there is a fear that the empathic process will disintegrate. As Jen stated, ". . . as deeply as you get me right now, I worry that down the road we'll hit a roadblock. . ." I validated for Jen that, given her therapy history and her family history, there was no way she could not be worried: "[T]here have been a lot of years that no one got you." Jen was able to say that if I stopped appreciating her sense of nothingness or became frightened of her falling apart, a major obstacle would impinge on the treatment. I agreed that she did not need me being afraid, too, to which Jen replied, in a whimsically heightened affective moment, "You're not allowed to. It's up to you to get me better you know!" Again, I felt enticed by my training to leave my empathic stance and remind her that it is both our responsibilities, but quickly re-immersed myself in the empathic process, and told her, "Yes, you have convinced me of that!" Implicit in our joint laughter was a mutually acute awareness of the pressure on our empathic connection and how important it was for me to accept that she knew better than I what she needed to heal.

Conclusion

What I have hoped to demonstrate in this clinical example is how the empathic process actually works within the microprocess of the analytic hour to facilitate both general and specific aspects of the healing process. Generally, the empathic process animates a connectedness in which mutual expectancies are expanded and one's sense of self is strengthened. Specifically, the empathic process contributes to re-establishing continuity in the hour, organizing interpretations from within the patient's subjective world, repairing disruptions, expanding internal organizing patterns,

promoting corrective emotional experiences, and reintegrating affective states. Perhaps, most important, the mutual empathic process catalyzes a shared subjectivity that defines the limits and depth of an affective dialogue between patient and analyst.

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TRANSLATIONS OF ABSTRACT

Kohut luchó tenazmente durante muchos años con su actitud ambivalente en relación al efecto potencialmente curativo de la empatía. En su última conferencia, Kohut clarificó su creencia de que "la empatía en sí misma es una acción terapéutica en el sentido amplio . . ." Su muerte prematura, sin embargo, le impidió formular la gran diversidad de maneras específicas en que la empatía contribuye al proceso curativo. Los psicólogos del self contemporáneos continúan debatiendo si la empatía puede contribuir al proceso curativo y de que manera, pero estas discusiones tienden a ser más teóricas que clínicas. Raramente se discute o habla sobre cómo a nivel clínico el terapeuta o analista entra en el mundo subjetivo del otro, como permite que el paciente entre en su propio mundo, y cómo la empatía influye en los procesos de curación intersubjetiva en cualquier sesión terapéutica. Este artículo describe, desde la perspectiva de los microprocesos, cómo la empatía contribuye a la curación. Intento formular una definición intersubjetiva de la empatía como un proceso analítico mutuo, describo la aportación de la empatía en la curación psíquica, presento una transcripción literal de una hora analítica en la que intento permanecer inmerso en el proceso empático para finalmente, a través de la discusión progresiva de esta hora, enumerar más específicamente cómo la empatía beneficia el proceso curativo.

Kohut est resté pendant plusieurs années dans l'ambivalence quant à l'effet potentiellement curatif de l'empathie. Dans sa conférence finale, il clarifie sa position en affirmant que "l'empathie est en soi une action thérapeutique au sens le plus large..." Son décès prématuré l'a toutefois empêché de préciser les myriades de chemins par lesquelles l'empathie renforce le processus de guérison. Les tenants actuels de la psychologie du soi en débattent continuellement, mais ces discussions demeurent d'ordre plus théorique que clinique. Des questions au plus près de l'expérience telles que comment le thérapeute entre dans le monde subjectif de l'autre, comment il facilite l'accès du patient à son propre monde ou comment l'empathie façonne les processus intersubjectifs de guérison dans une séance donnée, restent rares. Cet article tente d'y répondre par l'examen de microprocessus. Je propose une définition intersubjective de l'empathie en tant que processus analytique mutuel et démontre la contribution générale de celle-ci à la guérison psychique. Un mot à mot

d'une heure au cours de laquelle je me suis efforcée de me maintenir dans l'immersion empathique est présenté. Dans le commentaire subséquent, j'examine plus spécifiquement de quelle manière l'empathie participe au processus de guérison.

Kohut combattè tenacemente per molti anni con il suo atteggiameto ambivalente nei confronti dell'effetto potenzialmente curativo dell'empatia. Nella sua ultima conferenza, Kohut chiarì il suo convincimento che "l'empatia è di per sé un'azione terapeutica nel senso più ampio del termine. . ." Tuttavia la sua morte prematura gli impedì di formulare le specifiche e molteplici modalità attraverso le quali l'empatia contribuisce al processo di cura. Gli psicologi del sé contemporanei continuano a discutere se e come l' empatia possa contribuire al processo di guarigione, ma questi dibattiti tendono ad essere più teorici che clinici. Raramente vengono discusse o formulate le questioni cliniche più vicine all'esperienza di come il terapeuta o l'analista entri effettivamente nel mondo soggettivo di un altro, come accolga il paziente nel suo proprio mondo e che impatto abbia in ogni singola seduta terapeutica l'empatia sui processi intersoggettivi di guarigione. Da una prospettiva di analisi dei microprocessi, il lavoro delinea come l'empatia contribuisca alla guarigione. Cerco di formulare una definizione intersoggettiva di empatia come un processo analitico mutuo, descrivo il contributo generale dell'empatia alla guarigione psichica, presento il testo di un'ora di analisi in cui mi sforzo di restare immerso nel processo empatico e poi, attraverso la discussione progressiva di quell'ora, identifico in modo più specifico il beneficio che l'empatia apporta al processo di guarigione.

Kohut hat jahrelang beharrlich mit seiner ambivalenten Haltung gegenüber des potentiell heilsamen Effektes der Empathie gerungen. In seiner letzten Ansprache hat Kohut seinen Glauben daran klargestellt, dass "Empathie als solche im weitesten Sinne eine therapeutische Handlung ist . . ." Sein vorzeitiger Tod hat ihn aber davon abgehalten, die spezifischen und vielfältigen Arten, in denen die Empathie zum Heilungsprozess beiträgt, zu formulieren. Zeitgenössische Selbstpsychologen diskutieren weiterhin, wie und ob Empathie zum Heilungsprozess beitragen kann, aber diese Diskussionen sind eher theoretischer und weniger klinischen Natur. Die erfahrungsnahen klinischen Fragen, wie der Therapeut oder Analytiker tatsächlich in die subjektive Welt des Anderen eintritt, wie er dem Patienten Zugang zu seiner eigenen inneren Welt gewährt und wie sich Empathie auf den intersubjektiven Heilungsprozess in der jeweiligen Behandlungssituation auswirkt, wird selten diskutiert oder ausformuliert. Dieser Artikel grenzt aus der Perspektive des Mikro-Prozesses ab, wie Empathie zur Heilung beiträgt. Ich bemühe mich, Empathie in einer intersubjektiven Definition als einen wechselseitigen analytischen Prozess zu formulieren und den allgemeinen Beitrag von Empathie auf psychische Heilung zu beschreiben und stelle ein Stundenprotokoll vor, in dem ich anstrebe, in einem empathischen Prozess zu bleiben und dann durch die fortschreitende Diskussion dieser Stunde spezifischer aufzuzählen, wie Empathie dem Heilungsprozess dient.