

# THREE LEVELS OF EMPATHY

John Rowan

Empathy is taught or at least mentioned on virtually every counselling course in the country. But I have come to believe that it is often being sold short, in that what is taught is largely a limited version of empathy which limits the experience of clients rather than expanding it. By teaching it as a skill which can be learned and practised, some courses are limiting its range and scope. It can be much more than that.

In my more recent work, I have come to think of therapeutic work as being conducted on three different levels, which have quite different implications for what kinds of outcomes are sought and achieved. These are the instrumental, the authentic and the transpersonal, which I argue are the only three ways of relating in therapy.

In the *instrumental* position, the client is usually regarded as someone who has problems, which need to be put right (either by the client, or by the therapist, or by both), and this can lead to the therapist acting in a somewhat programmed way. The client or patient is there to be cured, and application of the correct techniques aims to achieve this in a high percentage of cases. More and better techniques are the way forward, and to test these objectively is the main goal of research. Working with the unconscious can be just as much part of this approach as not working with the unconscious. Every form of therapy resorts to this level of working at times, and the famed Working Alliance is firmly based on it, but it is basically an I-It relationship rather than an I-Thou relationship, in the terms made famous by Martin Buber (1970). Key words here are 'contract', 'assessment', 'treatment goals', 'empirically validated treatments', 'boundaries', 'manualization', 'homework', 'questionnaires' and so forth. The overall summary word is *Treating*.

In the *authentic* type of relationship, personal involvement is much more acceptable, with the therapist much more closely identified with the client, and more openly concerned to explore the therapeutic relationship. The idea of the wounded healer is often mentioned, and so is the idea of personal growth. Clarkson (1995) calls it the person-to-person relationship. Again it is possible to work in this way whether one believes in the unconscious or not: concepts of countertransference in more recent usage are significant here, and depend upon the openness of the therapist to such intuitive information. Key words here are 'authenticity',

'personhood', 'healing through meeting', 'being in the world', 'openness', 'the real relationship', 'self-disclosure' and so forth. The overall summary word is *Meeting*.

In the *transpersonal* relationship, the boundaries between therapist and client may fall away. Both may occupy the same space at the same time, at the level of what is sometimes termed soul, sometimes heart, and sometimes essence: what they have in common is a willingness to let go of all aims and all assumptions. Clarkson (1995) is clear that this is one of the five important relationships which have to be acknowledged in therapy. Again here it is necessary to look for parallels outside the discourse of transpersonal or spiritual therapies, as in the analyst Bion's 'O' (1965). Key words here are 'interbeing', 'linking', 'transcendental empathy', 'resonance', 'dual unity', 'communion', 'the four-dimensional state', 'ultimate reality', etc. The overall summary word is *Linking*.

Each of these positions is based on a good deal of evidence, but there is no space here to go into this. It is laid out very clearly in a book (Rowan & Jacobs, forthcoming).

Tobin Hart (1999) has distinguished three phases of empathy, which develop in line with the range and differentiation of a person's feeling capacity. The first phase is shown in column 1 of Table 1, which might be described (as do Mahrer *et al.* 1994) as 'external empathy', where the therapist recognizes what the client is experiencing but remains outside the experience of the other. This is in line with Rogers' description of empathy as 'as if', where to lose such a state is to become over-identified with the other. Hart (1999) refers both to the

self psychologist Kohut and the object relations psychoanalyst Guntrip in this context: Kohut suggests that empathy is a type of 'vicarious introspection' in which we 'think and feel [ourselves] into the inner life of another person' (1984: 82). Guntrip similarly writes that 'our understanding is an inference based on our knowledge of ourselves' (1968: 370-371). As Hart (1999)

puts it, 'I know the other through comparing what I understand of their experiences to memories of my own experiences, a logical inference and extrapolation'. I suggest that this is 'Column 1 empathy', and belongs with other technical abilities. This is the kind of empathy that can be taught on training courses as a skill. It can be measured on scales of empathy. It is

*Table 1. Types of empathy*

<b>Category</b>	<b>Column 1 empathy</b>	<b>Column 2 empathy</b>	<b>Column 3 empathy</b>
<b>Self (Rowan)</b>	Mental Ego	Real Self	Soul
<b>Self (Wilber)</b>	Persona/Shadow	Centaur	Psychic/Subtle
<b>Type of boundary</b>	Tight	Loose	Let go
<b>The self is . . .</b>	Defended	Vulnerable	Open to other
<b>Therapist 'label'</b>	Expert at empathy	Wounded Healer	Alter Ego/Soul mate
<b>Aim of therapy</b>	Helping client	Liberation	Communion
<b>Slogan</b>	'I am with you'	'I am open to you'	'I am you'
<b>Analytic</b>	Yes	Perhaps	Perhaps
<b>Humanistic</b>	Yes	Yes	Perhaps
<b>Jungian</b>	No	Yes	Yes
<b>Cognitive- Behavioural</b>	Yes	No	No
<b>Family</b>	Yes	Yes	No
<b>Transpersonal</b>	Perhaps	Yes	Yes

relatively 'safe', in the sense that the therapist is not going to be pulled in too deep. The therapist is defended against undue emotional involvement or pain. It could perhaps be described as 'limited liability' empathy. An example, taken from an approved session in a published journal, is this:

Client: Feeling stubborn and gruff causes me to get isolated in a way ... I mean, I'm alone then. It makes me break up my relationships.

Therapist: Hmhm. There's somehow a tendency to break up relationships.

Client: Yes...

## **The second level of empathy**

Let us now move on to a consideration of what might be called 'Column 2 empathy', which is sometimes called 'deep empathy'. Hart describes this briefly as follows: 'In deep empathy a line is crossed toward a more direct knowing of the other that is enabled by a post-conventional epistemic process. The activity of knowing moves toward subject-object transcendence or a loosening of self/other boundaries' (Hart 1999:115-6). This level does not exclude the first level of empathy described above, but it describes a more refined quality: knowing the client more directly, the capacity to be as it were 'in their shoes', of seeing through their eyes, but at the same time retaining one's own identity. An authentic meeting. 'The therapist senses what it is like to be where the person is, yet always maintains (his or her) own individuality' (Mahrer *et al.* 1994: 189). This quality of being able to pass to and fro between the client's experience and one's own is

mentioned by a number of writers: 'a bold swinging, demanding the most intense stirring of one's being into the life of the other' (Buber 1988: 71); 'imagining what the client is wishing, feeling, and perceiving so vividly and concretely that you experience the existence of the client as your own while remaining in your own existence' (Hart 1995: 251). Hart observes that the potential always exists 'for distortion and the basic confusion regarding 'what is mine and what is theirs' . . . and it is necessary to constantly 'check out' material with the client and 'check in' with oneself' (Hart 1999:116-7).

This level of empathy is given different names: deep empathy, embodied countertransference, and projective identification. Some analysts (e.g. the Jungian Kenneth Lambert) identify empathy with concordant countertransference. In all the relationships described above, there is a clear difference between the therapist and the client or patient. It is a kind of meeting, no matter how intimate the meeting may be. It is not until we get into the transpersonal type of relationship, described below, that the idea of meeting gives way to the idea of merging.

Buber is an eloquent and persuasive proponent of Dialogic Existentialism (Friedman 1976), and has inspired others, notably Yontef, who identifies five characteristics that mark the dialogic relationship: (1) Inclusion (2) Presence (3) Commitment to dialogue (4) No exploitation and that (5) Dialogue is lived (Yontef 1993:221-237). One of the most striking exponents of this view is Richard Hycner, who says that ultimately we have to admit that we are wounded and incomplete, and to use that very

knowledge in the work. 'The therapist must incessantly struggle to bring his woundedness into play in the therapy ... In fact, it is this struggling that develops the self of the therapist. This struggling is so central because ultimately the therapist's self is the instrument which will be used in therapy' (Hycner 1993:15). This is perhaps one of the central insights of this second level.

Tobin Hart observes that 'in empathic inclusion it is quite natural to experience the unconditional positive regard, even love, that Rogers advocated so strongly' (1999:117). Hart compares this to the awakening of natural compassion (Dass and Gorman 1996) or the opening of the heart chakra described in tantric yogic tradition (Nelson 1994) or the experience of moving from 'I-It' to 'I-Thou' for Buber (1970). Most discussions of empathy go no further than this, and the scale used by Carkhuff (1969) also stops here. An example of this type of empathy would be this, taken from a book of transcripts:

*Client:* I'm just getting a sense that maybe, um, what I have to do is - open up and, uh, and accept that whole world, that I want to - (Therapist: M-hm, m-hm, m-hm) That I want to reject and that wants to reject *me*. (Therapist: M-hm) Somehow to swallow that. (Therapist: M-hm, m-hm) and, uh -

*Therapist:* Sounds like you're saying maybe you sort of have to bypass that feeling that, that you're rejecting the world and the world is rejecting you, that somehow you have to open up to something more than that.

*Client:* Yeah. Maybe that's the only way to do it.

Some very good accounts of this level of empathy are to be found in the book edited by Sheila Haugh and Tony Merry (2001), in the excellent PCCS series.

### **A third level of empathy**

Let us look again at Table 1 with its three levels of empathy. We now need to examine the third column, as an even deeper form of that empathy which is so vital to every level of the therapeutic process. Tobin Hart (1997) has written about transcendental empathy, referring both to transcendental countertransference and to psychological resonance. Jerome Liss (1996) refers to 'the identification method' and describes very clearly how he uses this ability to open up to deeper or higher levels both in individual and in group work. To use it in groups obviously extends the experience still further.

Gestalt therapy recognizes this as using the self as a 'resonance chamber' (Polster and Polster 1974: 18). Unlike the transient fusion in the experience of alignment, the phenomenology of attunement describes the experience of two selves connecting at a particular 'frequency' of experience. Such models as field theory (e.g. Shel Drake 1988; Smith and Smith 1996) imply that we are connected already through a variety of fields (e.g. electromagnetic, psychic, etc.). In such a reality it is not necessary to become the other or move into their 'space'; instead one interconnects through a kind of frequency attunement.

Hart wonders whether projective identification, whereby the therapist

is 'possessed' (Segal 1964:14) by parts of the client is similar to the quality of being 'carried along by' or reacting in unexpected ways such as Carl Rogers describes:

When I can relax and be close to the transcendental core of me, then I may behave in strange and impulsive ways in the relationship, ways in which I cannot justify rationally, which have nothing to do with my rational thought processes. But these strange behaviors turn out to be right, in some odd way. (Rogers 1980: 129)

As Hart concisely puts it 'as ego defensiveness decreases, one is free to experience the other more directly and spontaneously' (Hart 1999:119).

The duality of self and not-self shifts in such direct knowing into an intersubjective experience: what Thich Nhat Hanh (1995) names as 'interbeing', which refers to the fundamental connectedness of all things. Rogers describes this: 'It seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes part of something larger' (1980: 129).

Phenomenologically, information is often encountered as if it were coming from another source, perceived as outside or deep inside. This is similar to the phenomena of inspiration (Hart 1998). Some describe this as tuning into the person's higher self. As the therapist opens to this field of consciousness, other kinds of material become available (unexpected images, including possible archetypal themes, deep patterns, etc.) that may not be available to the client's immediate awareness. Empathic information may also arrive in literal or symbolic form.

This aspect of the matter can be particularly helpful when working with clients from other cultures. Fukuyama and Sevig (1999) provide copious references to research on the transpersonal relationship in this area.

I have suggested elsewhere (Rowan 1998), following research by Budgell (1995), that we can subsume all these column-3 phenomena under the heading of *linking*. Linking is that way of relating that refuses to take separation seriously, and assumes instead that the space between therapist and client can be fully occupied and used by both, to the advantage of the therapeutic work. This can only be done in a state of subtle consciousness where the fear of relating such a depth can be overcome or set aside or just not experienced. Here is an example of empathy at this level, taken from a book on the sacred in psychotherapy:

*Therapist:* What have you learned?

*Client:* It's like things are falling down all around me, crumbling and cracking. But I will be OK.

*Therapist:* The picture I get is one of a storm, with things swirling around you. Is it like that?

*Client:* (Nods)

This image of the storm proved to be very helpful, and led to important new insights.

Linking can be seen as a special kind of empathy, a special kind of counter-transference and/or a special kind of identification. Various terms, some of which have already been referred to above, can be found to be examples of this phenomenon of linking such as 'resonance', 'experiential listening', 'embodied countertransference', 'being aligned', 'working at relational

depth', 'the four-dimensional state', 'the unifying I/Me relationship' and 'melding'. It is not a new therapy or a new technique, but simply recognition of a relatively unfamiliar human relationship, which has been formally researched and described in a number of sources. Budgell describes 'linking' as:

*The experience is described as near fusion, a communion of souls or spirits and a blurring of personal boundaries. To achieve this, both parties have to give up something of themselves while remaining separate. It is not symbiosis but the other end of the spectrum, as described by Wilber (1980). It is the transpersonal sense of relinquishing self. Symbiosis is about being cosy, but this is about working through pain and fear. It is a sacred experience and yet natural and there all the time. It comes from the spiritual or transpersonal realm, being a step beyond empathy and the natural plain. (Budgell 1995: 33)*

Her research found over and over again that therapists who had had these experiences did not want to reduce them to something which could be controlled. 'It was a sense of being joined or linked and of something good and healing emanating from another person' (Budgell 1995: 63). The essence of it was that it came unbidden. However, it seems doubtful whether this can be maintained, now that we know so much more about linking and how it works, and how many different schools are now discovering it.

## **CONCLUSION**

We can now see how important empathy is, and how far it can go. It seems very important not so sell it short by restricting it to the most elementary of forms. If we relate the concept of empathy to the three concepts of Treating, Meeting and Linking, we can think about it more precisely, it seems to me. In the instrumental approach, with its watchword of Treating, empathy is very restricted, and all we get is a 'limited liability' activity on the part of the therapist. (Of course it hardly needs to be said that there are therapists of all these types in all the schools of therapy.) In the authentic approach, with its watchword of Meeting, empathy becomes both deeper and more important, and in fact may become idealised too much. But this is the real heartland of empathy. In the transpersonal approach, with its watchword of Linking, empathy in a way reaches its peak, but at the same time it is de-emphasized because of the abandonment of separation and distinct positions. It starts to merge with congruence.

We are now getting a much richer literature on empathy, as for example in the recent paper by Adelbert Jenkins (2001), which argues that empathy is best regarded as dialectic imagination. These are exciting times in the empathy region. It is hoped that the present analysis into three types will help in this development

*John Rowan's latest book, written in collaboration with Michael Jacobs in the series 'Core Concepts in Therapy', is The Therapist's Use of Self. It is published by the Open Centre Press, and should be out this Autumn.*

*His book The Transpersonal: Psychotherapy and Counselling, is now out in a new printing which includes his 1996 Afterword.*

## Further Reading

- Bion, W.R. (1965) *Transformations*. London: Heinemann.
- Buber, M. (trans. W. Kaufmann) (1970) *I and Thou*. Edinburgh: T and T Clark
- Buber, M. (trans. M. Friedman and R.G. Smith) (1988) *The Knowledge of Man: A Philosophy of the Interhuman*. Atlantic Highlands: Humanities Press.
- Budgell, R. (1995) *Being Touched Through Space*. Unpublished dissertation of School of Psychotherapy and Counselling, Regents College, London.
- Carkhuff, R R (1969) *Helping and human relations Vol.1: Selection and training*. New York: Holt, Rinehart and Winston
- Clarkson, P. (1995) *The Therapeutic Relationship*. London: Whurr.
- Dass, R and Gorman, P. (1996) *How Can I Help?* New York: Knopf.
- Friedman, M. (1976) 'Healing through meeting: a dialogic approach to psychotherapy and family therapy', in E. Smith (ed.) *Psychiatry and the Humanities*, Volume 1. New Haven: Yale University Press.
- Fukuyama, M.B. and Sevig, T.D. (1999) *Integrating Spirituality into Multicultural Counseling*. Thousand Oaks: Sage.
- Hart, T. (1997) 'Transcendental empathy in the therapeutic encounter', *The Humanistic Psychologist*, 25: 3, 245-70.
- Hart, T. (1998) 'Inspiration: exploring the experience and its meaning', *Journal of Humanistic Psychology*, 38: 3, 7-35.
- Hart, T. (1999) 'The refinement of empathy', *Journal of Humanistic Psychology*, 39: 4, 111-125.
- Haugh, S. & Merry, T. (2001) *Empathy* Ross-on-Wye: PCCS Books (Vol.2 of 'Rogers' therapeutic conditions: Evolution, theory and practice' ed Gill Wyatt)
- Heard, W.G. (1995) 'The unconscious functions of the I-It and I-Thou realms', *Humanistic Psychologist*, 23: 2, 239-58.
- Hycner, R. (1993) *Between Person and Person: Toward a Dialogical Psychotherapy*. Highland, N.Y.: The Gestalt Journal Press.
- Jenkins, A. (2001) 'Empathy as dialectic imagination' *The Humanistic Psychologist* 29/1-3 126-137
- Liss J. (1996) 'The identification approach', *Energy and Character*, 27, 45-60.
- Mahrer, A.R., Boulet, D.B. and Fairweather, D.R. (1994) 'Beyond empathy: advances in the clinical theory and methods of empathy', *Clinical Psychology Review*, 14, 183-98.
- Nelson, J.E. (1994) *Healing the Split: Integrating Spirit into Our Understanding of the Mentally Ill*. Albany: SUNY Press.
- Polster, E. and Polster, M. (1974) *Gestalt Therapy Integrated*. New York: Vintage Books.
- Rogers, C.R. (1980) *A Way of Being*. Boston: Houghton Mifflin.
- Rogers, C.R. (1986) 'A client-centered, person-centered approach to therapy', in L. Kutash and A. Wolf (eds) *A Psychotherapist's Casebook: Therapy and Technique in Practice*. San Francisco: Jossey-Bass.
- Rowan, J. (1998) 'Linking: its place in therapy', *International Journal of Psychotherapy*, 3: 3, 245-54.
- Rowan, J & Jacobs, M (forthcoming) *The Therapist's Use of Self*. Buckingham: Open University Press
- Segal, H. (1964) *Introduction to the Work of Melanie Klein*. New York: Basic Books.
- Sheldrake, R. (1988) *The Presence of the Past: Morphic Resonance and the Habits of Nature*. New York: Vintage.
- Smith, N.L. and Smith, L.L. (1996) 'Field theory in science: Its role as a necessary and sufficient condition in psychology', *Psychological Record*, 46, 3-19.
- Thich Nhat Hanh (1995) *The Heart of Understanding: Commentaries on the Prajnaparamita Heart Sutra*. Berkeley, Cal.: Parallax Press.
- Wilber, K. (1980) *The Atman Project*. Wheaton: Quest.
- Yontef, G. (1993) *Awareness, Dialogue and Process: Essays on Gestalt therapy*. Highland, NY: Gestalt Journal Press.

