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Work in Progress

Empathy and Self Boundaries

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Work in Progress

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Abstract

Empathy, here described as a complex cognitive and affective process, is central to the development of relational capacities and therefore to the sense of self in women. Theoretical models in which the autonomous, individuated self and firm, impermeable boundaries are seen as hallmarks of growth are questioned. The importance of self-boundary flexibility to empathic attunement is described. The idea of self-empathy, in which the observing self extends empathic attunement to the experiencing (object) self, is introduced as a useful therapeutic construct.

Developmental and clinical theory have generally emphasized the growth of the autonomous, individuated self in such a way that early developmental milestones are typically characterized by greater separation from mother, increasing sense of boundedness, self-control, self as origin of action and intention and increasing use of logical, abstract thought. Likely this particular bias, if we can call it that, derives from several influences: 1) The modeling of psychology as a science on Newtonian physics which emphasized notions of discrete, separate entities acting on each other in measurable ways; 2) the emphasis in western, democratic countries on the sanctity and freedom of the individual; 3) a culture which perceives its task as a weaning of the helpless, dependent infant toward greater self-sufficiency and independence (unlike Japanese culture which views the infant as initially independent, in need of shaping toward dependency); and 4) a study of the psyche which grew from an understanding of pathology in which the ego was seen as needing to protect itself from assaults both by internal impulses and external demands. Freud commented that "Protection against stimuli is an almost more important function for the living organism than reception of stimuli," (Freud, S., 1920, p. 27). In traditional psychoanalytic theory, the individual is seen as growing from an undifferentiated, then embedded and symbiotic phase into an individuated, separate state. Mahler's (Mahler, Pine, and Bergman, 1975) theory of separation-individuation details the hypothetical normal development of an increasingly individuated and separate self Early studies of schizophrenia (Freeman, Cameron, McKhie,

1958) which emphasized the pathological disruption of boundaries between self and other in psychotic decompensations reinforced the notion that healthier, more mature modes of functioning were predicated on greater separation of self and other. Landis points out in his review of ego boundary research that "In most discussion in the literature, firmer boundaries, even extremely impermeable ones, are seen as positive and adaptive, and "open," "weak" boundaries are usually viewed as indications of serious defect." (Landis, 1970, p. 17).

George Klein (1976) was one of the first analytic theorists to point to an imbalance in much of self theory. He posited two major lines of development of the self: "One is an autonomous unit, distinct from others as a locus of action and decision. The second aspect is one's self construed as a necessary part of a unit transcending one's autonomous actions. 'We' identities are also part of the self. Like any biological 'organ' or 'part,' the organism is...and must feel itself to be...both separate and a part of an entity beyond itself" (Klein, 1976, p. 178). More recently, systems theorists have applied the ideas of "a set of interacting units with relationships among them" to development (Miller, 1978, p. 16). Stern (1980) has referred to the "self with the other." Stechler and Kaplan (1980) have written about the coexistence of affiliative and autonomous tendencies, Pollack (1982) has studied "we-ness" in children and their parents, Kohut (1982) and Miller (1976) and Surrey (1983) have posited the special importance of what might be called a "relational self" in women. Concomitantly, Newtonian physics has given way to the "new physics" and quantum theory which emphasizes flow, waves, and interconnections. Instead of emphasis on static structure and discrete, bounded objects existing separately in space, then, we are seeing a growing appreciation of process, relationship, and interaction. In developmental and clinical theory, this is mirrored in growing attention to the line of development of interpersonal connection and relationship rather than a view of the self as developing away from, or independent of, relationship. Too often, however, relational issues have been phrased in regressive terms such as merged, symbiotic, or undifferentiated, suggesting that intense interpersonal connection involves a movement into more primitive functioning. If there is not appreciation for the development of more complex, differentiated patterns of connection and intimacy, then the relational aspect of self definition will continue to be inadequately understood and devalued.

It is against this backdrop of developmental bias that I find the study of empathy most stimulating and relevant. Empathy is central to an understanding of that aspect of the self which involves we-ness, transcendence of the separate, disconnected self. It is, in fact, the process through which one's experienced sense of basic connection and similarity to other humans is established. Heinz Kohut has described empathy as "a fundamental mode of human relatedness, the recognition of the self in the other; it is the accepting, confirming and understanding human echo" (Kohut, 1978, pp 704, 705). Without empathy, there is no intimacy, no real

attainment of an appreciation of the paradox of separateness within connection.

Perhaps in part because of the tendency to see less autonomous functioning as regressive, or merely because of the relative lack of attention to the developmental line of the relational self, empathy has often been construed as a mysterious, contagion-like, and primitive phenomenon or dismissed as a vague and unknowable subjective state. Empathy, however, is a complex process, relying on a high level of ego development and ego strength, and in fact may provide a good index of both of these. Kohut (1959) has referred to empathy as "vicarious introspection" and Schafer has spoken of generative empathy "as the inner experience of sharing in and comprehending the momentary psychological state of another person" (Schafer, 1959, p. 345). Schafer emphasizes the point that this knowing is approximate, "based to a great extent on remembered, corresponding, affective states of one's own" (1959, p. 347). Again, pointing to the affective-cognitive integration, Greenson (1960, p. 418) refers to "emotional knowing," and Fliess (1942, p. 213) writes of "trial identification."

There are actually several components to empathy as I understand it. In order to empathize, one must have a well differentiated sense of self, in addition to an appreciation of and sensitivity to the differentness as well as sameness of the other. Empathy always involves surrender to feelings and active cognitive structuring; in order for empathy to occur, selfboundaries must be flexible. Experientially, empathy begins with some general motivation for interpersonal relatedness which allows the perception of the other's affective cues (both verbal and nonverbal) followed by surrender to affective arousal in oneself. This involves temporary identification with the other's state during which one is aware that the source of the affect is in the other. In the final resolution period, the affect subsides and one's self feels more separate; therapeutically, the final step involves making use of this experience to help the patient understand his/her inner world better.

For empathy to be effective, there must be a balance of affective and cognitive, subjective and objective, active and passive. Self-boundary flexibility is important since there is an "as if," trying-out quality to the experience in which one places one's self in the other's shoes or looks through the other's eyes. There is a momentary overlap between self and other representations, as distinctions between self and other blur experientially.

Piaget's (1952) principles of assimilation and accommodation may provide one way to conceptualize what happens in the empathic process. In empathy there is likely a rapid oscillation of accommodation of images of the self to images of the other, and assimilation of the images of the other to the images of the self. As in Piaget's model, these two processes move toward equilibrium which is never reached in a static, final way. There is a shifting balance, with momentary overlaps or congruence of self and other representations which then differentiate. When assimilation predominates, the self-boundaries may be too rigid to allow the other's affective state to have

any real impact, leading to lack of understanding of the other's inner state or projection of one's own affects onto the other. On the other hand, if self-representations are fluid or poorly articulated, the imbalance will be in the direction of over-reliance on accommodation, in which case one could become lost in the other's experience, possibly having difficulty accurately observing or structuring the experience. Without an adequately articulated and relatively constant set of self-representations or self-images, any temporary identification might become a threat to the constancy of the self. On the other hand, self-images which do not allow for a sense of "we-ness" or affective joining with another would also contribute to a sense of self endangered by the empathic process, e.g. empathy would be experienced as a regressive loss of self-distinctiveness.

Because self representations are not global, but cohere around specific affective experiences, it is possible that self-boundaries *vis a vis* specific affects might be more rigid or loose than with others. Similarly, then, empathic attunement can be more highly developed with regard to certain experiences than others. When there is dissociation of affects or less richly developed affective awareness, there is less likelihood of development of both vicarious affective arousal and cognitive appreciation of certain affects in others as well. Thus, empathy cannot be accurately spoken of as a global function. While there may be general factors which influence empathic attunement (e.g. certain interpersonal motivational dispositions, comfort with a wide range of affective arousal, self-boundary flexibility), individuals will differ in their empathic responsiveness to different internal states of another. For example~ one woman I see in treatment is tremendously empathic *vis a vis* most of her husband's psychological states. She is someone, however, who has never been allowed to know her own anger, using reaction formation to keep it from awareness. Similarly, when her husband is angry, even when not at her, she is relatively unresponsive, lacking in understanding, and distant from his inner state. It is as if a generally empathic approach was lost in this area because of the defense against aggressive impulses which this woman has developed. In my work with couples, it is not an atypical complaint that when the wife gets tearful or particularly affectively charged, the husband either gets uncomfortable and wants to do something to change the situation, or wants to get his wife to do something while the wife simply wants him to acknowledge her affect and to be with her while she experiences it. It may be that the husband's intolerance of his own tearfulness or sad affect makes it difficult to empathize with these feelings in his wife.

An interesting question in the study of the developmental line of empathy arises in the context of the above examples. In part, we may be concerned with the increasing complexity and differentiation of emotional attunement as the individual matures, but it may also be that certain aspects of empathic responsiveness are constricted or lost as the individual develops. McLean (1958) has suggested there is a neural basis in the limbic system for primitive empathic responses. Simner (1971), and Sagi and Hoffman (1976) have demonstrated that one-to two-day-old infants cry in response to the

distress cry of another infant, clearly not something we could call empathy as we understand it, but a possible precursor to real empathy. According to Hoffman (1978), by two or three years children are developing a sense that others may have inner states differing from their own, and can recognize certain affects in others, Piaget (1928) suggests that conceptual role taking and the decline in egocentrism occur more clearly around 7-8 years. A study by Dymond, Hughes, and Raabe found empathy, both social insight and ability to take the role of the other, increases from age 7 to 11; it was also suggested that older children "become more aware of which feelings are 'safe' to recognize and admit and which need 'defenses'" (Dymond, Hughes, Raabe, 1952, p. 206). It is likely that this is where the sex differences found in empathic ability become salient as well, Hoffman's (1977) review of these studies indicates that males and females tend to be equally able to recognize and label the affective experiences of another person (cognitive awareness) but that females demonstrate generally more vicarious affective responsiveness to another's affect. Women tend to imagine themselves in the other's place more; this does not involve self-other diffusion since females are as capable of knowing another's inner state even when it is different from their own. It is likely that this sex difference, already present in school-aged children, is augmented in adolescence, as males are taught to act or master rather than "merely feel" in response to affective arousal while there is more latitude for affective arousal, particularly in the area of distress or vulnerable feelings, for females. A study by Lenrow (1965) found that children who express distress with tears are more apt to respond empathetically to others in distress than brave, noncrying children. Again, this suggests that the broader the range of affective arousal and tolerance of feelings in oneself, the more potential empathic responsiveness may occur to the other. As there is a narrowing of which affects are appropriate for the self, there also may be a curtailment of empathic responsiveness, a loss of the immediate, pressing reactivity to another's inner state.

When we think in terms of self-representations instead of "the self" it becomes clear that to think of self-boundaries as a unitary phenomenon may also be misleading. Thus, to speak of empathy as a regressive merging suggests that the empathizing individual undergoes a widespread loss of distinctness of self which runs counter to ordinary functioning in which the self is experienced as separate, contained. Even the modification that this is a "temporary identification" (Schafer, 1959) suggests a momentary total surrender, or, as Olden comments, in empathy "the subject temporarily gives up his own ego for that of the object" (Olden, 1953, p. 112-113). While this points to the temporally limited and reversible quality of empathy, it perpetuates also the error in the sense of seeing the self as either distinct and autonomous, or merged and embedded. Is it not possible to experience a sense of feeling connected and affectively joined and at the same time cognitively appreciate one's separateness (Kaplan, 1983)? Different self-representations co-exist and can rapidly be activated, each contributing specially to the overall shape of the self, if you will. Klein (1976) points to the

organizational function of the self as providing continuity, coherence and integrity. For the three-year-old dealing with separation as a physical act where one either steps toward or away from the mother, autonomous and affiliative motivations may appear mutually exclusive. To contain both motives, then, might threaten the sense of continuity, coherence and integrity of the self. And even as adults there may be occasions when these two functions are incompatible, leading to conflict. However, the two can and do co-exist. Self-representations characterized by clear boundaries and appreciation of differentness from important others can exist alongside self-representations in which there is much self and other overlap. Self-representations are schema which form through the processes of accommodation and assimilation. As such, they have a responsive, self-modifying quality as well as an active shaping function. There is an ever-changing balance between separation and inclusion. We can look at one side or the other, but it is the overall process which best captures the ongoing nature of self-definition and awareness.

Just as it has been suggested that one is either connected or separate, merged or autonomous, there has been a tendency to view affective arousal as involving loss of effective cognitive functioning, i.e. one is either emotional or rational. Empathy, as an affective experience of joining with the other, then, has been thought of as a more primitive mode of functioning or knowing the other. Several concrete examples of empathy elucidate some of the complexity of the empathic process. The first example involves a comparison of two mothers feeding a one-and-a-half year old child. The first mother is watching TV as she sits by her child and mixes the cereal. She more or less shovels the food in, with little eye contact or attention to the child. Sometimes the baby's mouth is still full when the next spoonful comes at him; sometimes he has already swallowed. There is very little affective response to the baby's reactions on the mother's part. There is little or no accommodation of the mother to the infant, virtually no empathic involvement. The second mother sits across from her baby, with good eye contact and occasional physical contact. As she moves the spoon toward the baby's mouth. One can see her own head begin to lift slightly and her mouth will open in anticipation, often as the child's mouth opens, but sometimes before. If some of the food dribbles out, the mother lifts the food back toward the mouth and opens her own mouth again. It is possible that what we are seeing is motor mimicry, in which the mother unconsciously imitates the child's facial movements, or a complicated interactional process in which the mother actually provides cues to the baby to engage in a mirroring interaction. The mother is perfectly aware that she is not eating, but she is also experiencing some identification with the eating child; she is cognitively, affectively and motorically aroused and interacting with the child at a level which involves some overlap of boundaries. She is simultaneously aware of separateness and joined with her child. Her identification with the child in part allows greater accommodation to the special needs of the child. In this case, then, greater overlap of self-other representation and identification lead

to a clearer and sharper appreciation of the separate state of the other. This is the paradox of empathy; in the joining process one develops a more articulated and differentiated image of the other, and hence responds in a more accurate and specific way, quite the opposite of what regressive merging would lead to.

A detailed examination of an empathic moment in a therapy session might shed further light on the quality of affect and self-other representations during this process. A patient is describing to me getting ready for her first prom; as she tells me about her preparations, I find myself feeling, with her, anticipation and excitement...a little anxiety. I am listening to the details of her experience, what her dress looks like, her date's name, but the images of her adolescent excitement are blurring now with memories of wearing my first pair of high heels, my first lipstick. In my mind, I see her walk down the stairs I walked down in my high-heeled shoes. There is an oscillation back and forth; she is in her pink dress, now in my green one. As this occurs, I am also observing my affective state, aware of the process. I am not cognitively confused about who is who, but I feel deeply present and sharing, knowing what she is feeling. I do not get lost in my own reverie and the images that I examine are a shifting mix of my own memories and the images I have built up over time in working with this patient. I am sensitive to the glow in her face, the expectancy in her posture. Again, using a Piagetian model, I am engaged in a process of assimilating the patient's story into my own memories and constructions, but I am constantly alert to the places where her images and affect become distorted by my own associations and I adjust, or accommodate, my affect and thought to match hers more clearly. It is important that I attend to my affect as well as my thoughts in this process. In an informal survey, therapists indicated they were aware of empathic moments most keenly in therapy because of their own compelling affective arousal ("I found myself feeling like crying," "I felt an urge to yell 'stop it' to the abusive parent being described to me"). To assume that affective arousal necessarily leads to cognitive confusion is to underestimate the capacity for integrated functioning; similarly, to assume that an experience of "we-ness," to borrow George Klein's term, necessarily disrupts the experience of "I-ness." is to fall into polarities of functioning which may not be accurate such dichotomizing suggests an overly concrete and rigid definition of boundaries, rather than an appreciation of the ongoing adjustments and tensions inherent in the experience of self.

We already have touched on the possibility that the capacity for empathic functioning may be somewhat specific to the affective experience involved, e.g. someone might be quite empathically attuned to sadness, but not to anger, self-pride, but not shame. Realizing that empathic attunement is a relative rather than absolute potential, let us look at some broad problems that can arise in empathic capacity. In the renewed interest in empathy in the last decade we have tended to look primarily at the empathic ability of the therapist or at empathy as the psychoanalytic mode of understanding (Kohut, 1959). It is very important, however, also to address the quality of empathy in

the people we see in treatment. Here again, attention to the self-boundaries enriches the picture of empathy. Mr. R. is a 35-year-old architect who came to treatment at the urging of his wife; his rather vague complaint was that he was unhappy in his marriage and in his job. At first glance, he is a very attractive, well built man with finely chiseled features. But Mr. R's initial boyish good looks have little aliveness. Eye contact is rare and there is little modulation in his voice; he ruminates a good deal with little affect. Mr. R. was the only child of elderly parents; mother was depressed and father quite obsessive. He grew up in an isolated, constricted household in which feelings were rarely shown and never discussed. Mr. R. has never felt close to anyone. He did not feel angry or sad when he came to therapy; he simply did not feel. In talking about people in his world, Mr. R. rarely appreciated the inner experience of others. In fact, at times he was puzzled greatly by his wife's emotional reactions. Mr. R. clearly lacked a rich affective repertoire, so that when others discussed feelings with him he often had no internal referent for comprehending their experience. Further, he had developed rigid self-definitions. In family therapy, which he attended in addition to individual therapy, he spent much of his time pointing out the ways he differed from others, particularly if they expressed strong feelings. In his marriage he frequently faced the complaint that his wife felt she had no impact on him. In the beginning of treatment Mr. R. was not overly unhappy about his isolation, but in his second year he has begun to speak of a deep sense of loneliness. On occasion he has cried about the sadness of his childhood and he has expressed some understanding of others' feeling states, and eye contact has increased. His family therapist reports that although his difficulty in listening is still a source of frustration for other family members, Mr. R. is more tuned in to others and more accurate in his reading of their feeling states. In this man we can see the overly rigid self-boundaries and the poor tolerance of affect of schizoid individuals. Classically lacking in empathy, these individuals cannot relax self-boundaries enough to allow the affective flow necessary for empathic connection.

Another source of empathic failure may be the individual who becomes overly stimulated by another's affect. For these individuals the self-boundaries may be excessively permeable, and responsiveness to the other's affect may in fact diminish the sense of separate self. Ms. S. is a thirty-year-old housewife who came to therapy because she was in the midst of a divorce and was feeling increasingly depressed and anxious. Complicating the divorce was the fact that her husband was romantically involved with her best friend of the last ten years. Earlier she had supported her husband's availability to this friend following the death of the friend's husband, because she "felt so much for her pain and loneliness." Although very upset about the loss of both her husband and her best friend, Ms. S. began to recognize that she had become more aware of herself and her needs since her husband had left home. She notes that now when her husband returns to visit their children, she can identify what probably had been happening in the relationship all along, "I get smaller and smaller when he's around. It's like his needs and

feelings fill up the room. All I know is how he thinks about everything. He gets bigger and bigger and I start feeling his feelings and thoughts; I lose myself and get smaller. I can't hold on to myself or my feelings. The same with her, (the friend) when she's around it's always her thoughts or feelings that I notice. They're both so selfish and I can't even figure out what I feel or think. My whole life has been taking care of other people's feelings so I don't even know my own." This is not a borderline woman describing grossly impaired ego boundaries, this is a relatively well functioning woman whose self-boundaries at times may be too permeable in the sense of being too sensitive to the distress of others in such a way that she ceases to act in her own best interest. While Mr. R. could not, initially, even with great cognitive elaboration, develop an appreciation of another's inner states so that he might feel less isolated, Ms. S. was unable to prevent herself from responding strongly to distressing affective cues in others. She was unable to maintain a sense of boundedness, and her language paints a vivid picture of the shrinking of the sense of self as she experienced a strong vulnerability to the other's affect state. In both cases we have what might be called faulty empathy related to self-boundaries; with Mr. R. we see that overly rigid boundaries and fear of influence by the outside world interferes with empathic attunement, while in Ms. S.'s case, self-boundaries did not adequately protect her in the sense of helping her act on her own behalf. While at times the permeability of self-boundaries was not adaptive for Ms. S. and in therapy she developed more control over her responsiveness to others' affective distress, it should also be noted that this woman had a vital, warm sensitivity to people, and a genuine concern and involvement with others. She was someone to whom many friends turned when they sought understanding and astute advice. One change for her in therapy might be construed as an increase in empathy directed toward the self.

Self-empathy is a construct that many find troublesome. Schafer has referred to "intrapsychic empathy," (Schafer, 1964, p 294), Kohut speaks of the "ability of empathizing with ourselves, i.e. with our own past mental organizations" (1959, p. 467) and Blanck and Blanck speak of "retrospective self-empathy" (1974, p. 251). If one takes Schafer's (1968) tripartite definition of self as "agent" (knower, doer), "object" and "locus," or if one thinks of the conventional division of ego into observing and experiencing ego, this construct may be of some use. The observing, often judging, self can then make empathic contact with some aspect of the self as object. This could occur in the form of having a memory of oneself in which the inner state at that time has not been fully integrated because it was not acceptable. To be able to observe and tolerate the affect of that state in a context of understanding becomes a kind of intrapsychic empathy which actually can lead to lasting structural change in self-representations. Unlike empathy with another, where the self-boundaries undergo more temporary alteration and the final accommodation may be slight, with intrapsychic empathy there is more opportunity for enduring change in both the representation of self taken as object and in the observing self. The motivational and attitudinal

state of nonjudgment and openness, taking an experience seriously, readiness to experience affect and cognitive understanding may contribute to important shifts in the inner experience of troublesome self-images. As a therapist, I have often been moved by seeing this experience of self-empathy. One patient, who was quite identified with her critical, punitive father and spoke of herself in very derogatory terms, one day was giving an extremely unfavorable description of herself as she went off for her first day of school. Every comment seemed to come from the rejecting paternal introject. "I was such an obnoxious little kid. I wanted everyone to pay attention. No wonder my father got so mad." A therapeutic intervention indicating that of course she wanted to feel special as she went out into this new, maybe even scary, part of the world at first didn't seem to have any impact. The self-condemnations rolled forth like armored tanks. Later in treatment, when we were looking at the same incident, however, this woman burst into tears and said, "Suddenly I saw myself as the little girl, so scared and uncertain. My heart just went out to her. I could see myself, that little girl, and really see what was happening inside. I feel it now for her...the pain. I feel it now for me. I couldn't feel it then. But I understand why I was acting that way." It was not simply that she became more accepting and less punitive *vis a vis* certain self-representations, although that was an important part of it. But she also actually connected with the affect which had been split off in the memory: both the self as object and the experiencing self as modified by this exchange. And the identification with the critical father was altered in the direction of being less punitive and harsh in her self judgements. As Schafer points out, this is "an aspect of benevolent or loving superego function as well as attentive ego function" (Schafer, 1964, 294). Another woman I see is in many ways characterized by a richly-developed empathy. She came to therapy because of depression, fear of leaving her house and lack of confidence in social situations. She was somewhat constricted in presenting herself at first and felt she had little of interest to say to anyone. As we explored her relationships, however, it became clear that she was actually quite close to many friends and to her husband. The descriptions of her interactions with her husband in particular suggested she was very attuned to his inner world, listening in an accepting, nonjudgmental way to his thoughts and feelings and understanding a good deal about his feelings. She demonstrated the same responsiveness with her friends who appear to appreciate deeply her ability to listen, understand, and provide insight. The capacity to apply these skills (if we can call them that) to herself, however, was quite lacking. Until the therapy, she did not seem able to take her own inner experience as a serious object for interest and attention; she also was plagued by punitive introjects so that rather than understanding certain affective experiences, she condemned them in herself. She later described the difference in the attitude she extended to others and the one she extended to herself by noting, "I care for others sometimes like a shepherd. I watch and notice and pay attention to their distress. It isn't that I'm just totally accepting because sometimes I point out if I think they're off the mark or something,

but I put myself in their place and I understand. With myself, though, I used to be like a lion tamer with a bull whip." In the course of therapy she experienced major shifts such that she could bring her very rich skills for empathy to bear on herself as well as on her friends; her depression has shifted dramatically. She has gone back to graduate school and people have remarked on her confidence and social ease. This resonates with some of the research and theory building Carol Gilligan has done in which she points to the morality of responsibility and of caretaking among women (Gilligan, 1982); a crucial, sometimes difficult component of this is the ability to bring the sense of responsibility and caring to bear on the self as well as on others. It involves a balance of autoplasmic and alloplasmic modification in which at times the self-representations are altered in the direction of accommodating to the demands of external reality, including other people, but at other times finding a way to assimilate the external to fit existing schema.

The relative paucity of research on empathy is troubling, although recent developmental studies by Sander (1980), Hoffman (1977, 1978), Demos (1982), and Stern (1980), among others, are beginning to provide us with a far more complex picture of early mother-infant interaction than we had envisioned before. Concurrently, Kohut's emphasis on empathy in the analytic situation has spurred a renewed interest in this topic among clinicians. Recent infant research has dispelled the old image of the infant as existing in a confused, disorganized state, the passive recipient of impinging internal and external stimuli (Stern, 1980, Sander, 1980). And clinical observations of patients and "normal" adults have suggested that the old notion of the autonomous, separate self may exist in epigenetic charts but not in reality. Thus, in the infant we see autonomous, active structuring of experience from an early age and early evidence of differentiation, while in the adult we see ongoing need for self-objects and definition of self in terms of "we-ness" as well as "I-ness." We are then beginning to construct new models of self which can encompass both the sense of coherent separateness and meaningful connection as emergent structures throughout the lifespan. The old lines of movement from fusion to separateness, domination by drive to secondary process and undifferentiation to differentiation are presently being questioned. A major flaw in existing theory has been the lack of elaboration of the developmental lines of connection and relationship; there has been a tendency to resort to either the now questionable model of the fused mother-infant pair or heterosexual genital union to conceptualize intimacy and self-other connectedness. Clearly, a vast and rich array of what Stern would call "self with other" experiences are lost in this model. It has been noted, particularly in understanding female development, that this model is sadly lacking and even distorting; I think as we begin carefully to explore empathy and relational development we will see the model misrepresents self-experiences of both males and females. We have further juxtaposed connection versus separateness as if they were mutually incompatible, and failed to trace the complicated evolution of autonomous functioning in the context of self in relationship. The study of empathy, depending on the balance of cognitive

and affective processes, involving overlapping self-other representations, is crucial to the delineation of a developmental model which encompasses the self as separated and the self as part of a relationship structure.

Basch has noted "reality lies in relationships, not in the elements that make the relationships possible"; "Man is best studied as an activity, one delineated at any given time by the relationships in which he is active" (1983, pp. 52-53). Both researchers and clinicians must direct increased attention to the complexities of the self in relationship; this will necessarily involve a better understanding of how self-boundaries are formed, maintained and altered. Empathy, which Kohut called "the resonance of essential human alikeness" (Kohut, 1978, p 713), is central to the growth of the emergent self as a structure of coherent separateness and meaningful connection.

In summary, this paper points to the need for new models of self in which the developmental lines of connection and relationship are explored. Empathy, here described as a complex cognitive and affective process, is central to an understanding of the paradox of separateness within connection. Using Piaget's model of assimilation-accommodation, the importance of self-boundary flexibility to empathic attunement is discussed. Self-representations, involving overlap of self-other images, are rarely characterized by absolute separation of self and other. In addition to a developmental outline of self boundaries and empathy, patients' problems with empathy are traced to overly rigid self-boundaries or excessively permeable boundaries. Self-empathy is introduced as a useful therapeutic construct.

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