

Understanding Empathy

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Abstract

This article considers different understandings of empathy in psychotherapy and transactional analysis, including Carl Rogers's contribution to the development and understanding of empathy. A review of his necessary and sufficient conditions for therapeutic change clarifies the bilateral and intersubjective nature of empathic understanding, empathy, and empathic transactions. Various aspects of empathy are elaborated in terms of Stark's (1999) taxonomy of psychologies, and a fourth, two-person- plus psychology, is proposed to reflect an empathy that is sociocentric rather than egocentric.

A Brief History of Empathy

Aesthetics. Empathy has a long history in aesthetics, dating back to the eighteenth century, and, subsequently, in psychology, psychoanalysis, and therapy (a term I use to encompass psychotherapy, counseling, and counseling psychology). The term *Einfühlung*, meaning aesthetic sympathy and later translated into English as *empathy*, was first used in print in 1873 by the German philosopher Robert Vischer (1847-1933) to designate the projection of human feeling onto the natural world. The term was and is used to describe aesthetic experience both in and in response to various art forms (see Hunsdahl, 1967), an experience and process that acknowledges that our emotional responses to a piece or form of art are, in effect, empathic projections onto an object, a work, an event, or even a person. Indeed, in his work on jokes and their relation to the unconscious, Freud (1905/1976) used empathy in this sense of aesthetic sympathy. However, Pigman (1995) has argued that empathy (*Einfühlung*) played a greater role in Freud's thinking than is conveyed in the *Standard Edition* which does not translate *Einfühlung* as empathy in a clinical context (e.g., Freud 1916/1973). Later, Freud (1920/1955) described empathy as "a mechanism

by means of which we are enabled to take up any attitude at all towards another mental life" (p. 110). In his use of the term, Freud (1905/1976, 1916/1973) drew on the work of another German philosopher, Theodor Lipps (1851-1913), who had transferred the term from aesthetics to psychology.

Understanding and Explanation. In psychology, empathy stands in a tradition that seeks to understand rather than to explain. Johann Droysen (1804-1884), the German historian and politician, was the first to contrast explanation (*Erklären*) with understanding (*Verstehen*) (see Van Belle, 2005). This distinction, and the elaboration of *Verstehen*, is also found in the work of the German philosopher Wilhelm Dilthey (1833-1911), who argued for a descriptive and analytic psychology. Karl Jaspers, the German psychiatrist and existential philosopher, based his work on psychopathology (Jaspers, 1913/1963) on this distinction, which, for him, provided an organizing principle for nosology: "The most profound distinction in psychic life seems to be that between what is meaningful and allows empathy and what in its particular way is un-understandable, 'mad' in the literal sense" (p. 577). Jaspers's acceptance of the distinction between affective disorders and schizophrenia was, in part, based on the distinction between those conditions with which one could empathize and those that are less or not understandable. The difference between explanation and understanding underpins the concept of empathic understanding in person-centered theory and therapy and distinguishes it from other therapies that seek to explain, analyze, and/or interpret. Given his training and interest in psychoanalysis, Eric Berne's own writings reflect the tradition of explanation. It is only in the past 20 years that a few writers within transactional analysis have developed the theory and practice of understanding through empathy (see later in this article). Although both explanation and understanding are important in therapy, the distinction between them informs much thinking

about empathy: Rogers (1951), for instance, distinguished between an empathic and a declarative attitude on the part of the counselor.

Empathy in Different Theoretical Orientations. Empathy appeared in Jaspers's existential approach to psychiatry and psychology and in his work on *General Psychopathology* (Jaspers, 1913/1963), in which he emphasized it as a criterion for diagnosing delusions. Theorists and clinicians from other schools of psychology and psychotherapy have also used and developed the concept, most notably Rogers (1951, 1959, 1975/1980a) in client- or person-centered psychology; Kohut (1959, 1982) in self psychology; and Jacobson (1964) and Winnicott (1965) in object relations theory. More recently, therapists within cognitive behavioral therapy have been addressing the literature on empathy and developing their own conceptualization of the nature and function of therapeutic empathy (e.g., Thwaites & Bennett-Levy, 2007). The contributions of a number of theoretical orientations to the reconsideration of empathy have been brought together in a useful volume edited by Bohart and Greenberg (1997). Nowadays, empathy is perhaps most associated with self psychology, and its views on empathy seem to receive more attention in theory, practice, and teaching/training than do those of Rogers.

In the rest of this part of the article, I review Rogers's writings on empathy and the development of his ideas as well as those of others within the person-centered approach, after which I compare and contrast them with those of Kohut.

Carl Rogers on Empathy

Rogers's first reference to empathy was in his book *Client-Centered Therapy* (Rogers, 1951), although in his first book, *Counseling and Psychotherapy* (Rogers, 1942), he did define the basic hypothesis of this (then) "newer approach to psychotherapy" in terms of the effect on the client: "Effective counseling consists of a definitely structured, permissive relationship which allows the client to gain an understanding of himself to a degree which enables him to take positive steps in the light of his new orientation" (p. 18). Later, commenting on research into the ideal therapeutic relationship

based on the work of therapists representing three different theoretical orientations (Fiedler, 1949, 1950), Rogers (1951), in his first explicit reference to the concept of empathy, suggested that the findings offered "outstanding corroboration of empathy and complete understanding on the part of the therapist" (p. 54). Later in the same work, Rogers placed empathy alongside warmth (later, unconditional positive regard) as two behavioral characteristics that are important in creating "a nonthreatening, accepting atmosphere" (p. 348), a reference that predated his later (Rogers, 1957, 1959) work identifying six necessary and sufficient conditions for growth and personality change.

In the seminal paper in which he outlined his theory of therapy, personality, and interpersonal relationships, Rogers (1959) defined empathic understanding this way: "To perceive the internal frame of reference of another with accuracy, and with the emotional components and meanings which pertain thereto, as if one were the other person, but without ever losing the 'as if' condition" (p. 210). The therapist's empathic understanding of the client seems to be helpful and potent in two ways. The first is that it helps clients to identify, clarify, and then symbolize or find words for the nuances of their own experience. This is consistent with what Rogers (1951) wrote about diagnosis: "The purpose of the therapist is to provide the conditions in which the client is able to make, to experience, and to accept the diagnosis of the psychogenic aspects of his maladjustment" (p. 223). Elsewhere, Rogers (1975/1980a) put it this way: "True empathy is always free of any evaluative or diagnostic quality" (p. 154). The second way in which empathy is powerful follows from this: A client who feels herself or himself accurately understood and still accepted feels less alienated, less alone, and more related to another human being.

The term *empathic understanding* may be confusing. In person-centered literature it is often used synonymously with empathy and is generally more often used by Rogers in his writings on the subject (Rogers, 1951, 1959, 1961/1967b, 1975/1980a). It carries the connotation, however, that empathy is only or predominantly a cognitive process. Others since

have used a number of descriptors to extend the concept of empathy beyond cognition or implied cognition. One such term is *visceral empathy*, a phrase that I have been using for some 15 years to describe the particular and often specific somatic sensation experienced in response to the client and, often quite specifically, to something she or he is reporting or disclosing. Such somatic experiencing can be helpful in attuning to the client, but it can also be disturbing; either way, the therapist needs to monitor such responses and to process their meaning and effects (see Rothschild with Rand, 2008). Cooper (2001) referred to the term *embodied empathy* to describe the therapist's embodied attunement, in which the therapist is resonating with "the complex, gestalt-like mosaic of her client's embodied being . . . [in which] the whole of the therapist's body is alive in the interaction, moving and vibrating in tandem with the client's experiencing" (p. 223). In transactional analysis, Cornell (Cornell & Landaiche, 2007) has used the term *somatic resonance* to describe something similar.

The term *empathic attunement* is sometimes used synonymously with empathy but, in my view, confusingly so. More precisely, attunement refers to the therapist's experience of attunement and is differentiated from the communications that flow from that attunement. Some theorists and practitioners, such as Stern (1985) and Erskine, Moursund, and Trautmann (1999), distinguish between affect attunement and the cognitive processes involved in empathy. Erskine and Trautmann (1996) view attunement as a two-part process involving empathy and the communication of that sensitivity (see later section on "Empathy in Transactional Analysis"). Attunement requires the therapist to "tune" in to or resonate with the client. O'Leary's (1993) description of empathy caught something of this when he likened empathy to two tuning forks tuned in the same key: "When one is struck the other picks up the sound emitted by the first while losing nothing of its own essential nature. Empathy is tuning into the wavelength of the client. Counsellors must attune themselves to that particular wavelength" (p. 113). Bohart and Rosenbaum (1995) used the term in a similar sense of the therapist "vibrating

in harmony with" the client but also in the sense of amplifying on something the client has said. Although similar to attunement, the difference between resonance and attunement is perhaps one of directionality: Attunement suggests that the therapist attunes to the client; resonance suggests that the therapist picks up something from the client.

In another description, Rogers (1954/1967c) defined empathy in the context of acceptance:

If I say that I "accept" you, but know nothing of you, this is a shallow acceptance indeed, and you realize that it may change if I actually come to know you. But if I understand you empathically, see you and what you are feeling and doing from your point of view, enter your private world and see it as it appears to you—and still accept you—then this is safety indeed. In this climate you can permit your real self to emerge, and to express itself in varied and novel formings as it relates to the world. (p. 358)

In the same year that Rogers (1959) published the major formulation of his theory, Kohut published his paper on "Introspection, Empathy, and Psychoanalysis." In it he defined empathy as "vicarious introspection," by which he meant that it is only through introspection in our own experience that we can learn and know what it might be like for another person in a similar psychological situation or circumstance. Later, Kohut (1984) defined empathy as "the capacity to think and feel oneself into the inner life of another person" (p. 82), a definition that is similar to Rogers's (1961/1967b) description:

[Empathy occurs] when the therapist is sensing the feelings and personal meanings which the client is experiencing in each moment, when he can perceive these from "inside," as they seem to the client, and when he can successfully communicate something of that understanding to his client. (p. 62)

Nearly 25 years after his first reference to empathy, Rogers returned to the subject. Keil (1996) suggested that this was because of Rogers's concerns about misunderstandings and distortions concerning his conception of empathy. In an article published in 1975, Rogers

(1975/1980a) reflected that “I would no longer be terming it a ‘state of empathy,’ because I believe it to be a process, rather than a state” (p. 142). He continued:

An empathic way of being with another person has several facets. . . . It involves being sensitive, moment by moment, to the changing felt meanings which flow in the other person. . . . It means temporarily living in the other’s life, moving about it delicately without making judgments; it means sensing meanings of which he or she is scarcely aware. . . . It includes communicating your sensings of the person’s world as you look with fresh and unfrightened eyes at elements of which he or she is fearful. (p. 142)

This represents a shift in Rogers’s (1959) thinking about empathy as an “as if” state/attitude of the therapist to a description that emphasizes a process between therapist and client (1975/1980a), one that includes the therapist going beyond the experiencing of the client. (This shift parallels a similar change in Rogers’s approach to congruence as identified by Frankel and Sommerbeck, 2005, and referred to as “Rogers I” and “Rogers II.”)

Other person-centered practitioners and theorists have developed Rogers’s ideas on empathy. Those within the cognitive tradition of person-centered psychology coined the term “empathic responding” in order to stress, as Wexler (1974) put it, “the fact that [empathy] is not merely an attitude but a consistent style of behaviors given as responses to the client” (p. 96). In this tradition, an empathic response is a deliberate and organized response to the client:

When it is optimal, *an empathic response is a structure or group of structures that more fully captures, and better organizes, the meaning of the information in the field that the client is processing than had the structure(s) the client had generated himself.* (p. 97)

Greenberg and Elliot (1997) expanded this and identified five distinct forms of empathic responding: understanding, evocation, exploration, conjecture, and interpretation. These vary depending on whose frame of reference is being

used—that is, the therapist’s or the client’s—and on the degree of new information that is given.

Rogers (1980c) referred to his person-centered psychology as an approach (see also Embleton Tudor, Keemar, Tudor, Valentine, & Worrall, 2004; Wood, 2008) and, indeed, as *A Way of Being* (Rogers, 1980c). Interestingly, in the second edition of his book *The Interpersonal World of the Infant*, Stern (1998) renamed what he had previously referred to as “representations of interactions that are generalized” (or RIGs) (Stern, 1985) as “ways-of-being-with.” He argued that by doing so he was “de-emphasizing the process of formation in favor of describing the lived phenomenon in a more experience-near and clinically useful way” (Stern, 1998, p. xv). This prefigures and is consistent with his more recent interest in the present moment in psychotherapy and everyday life (Stern, 2004) and has informed interest in the present in cocreative transactional analysis (see Summers & Tudor, 2000, 2005; Tudor, 2003, in press).

Almost every approach to psychotherapy claims the therapist’s empathy as central to its effectiveness, and research in neuroscience supports the development of empathy in supporting limbic resonance. However, with rare exceptions, neither therapists from other orientations nor neuroscientists acknowledge the work of Rogers or other person-centered theorists in the development of their understanding of this most important human quality and therapeutic attitude. This is due, I think, to four factors:

1. There is a general view that Rogerian and person-centered thinking and practice is basic and (too) simple.
2. There has been a widespread association of Rogerian and person-centered practice with counseling (only) rather than psychotherapy, a distinction that has more to do with the organization and politics of the activity/profession than any essential difference (see Tudor, 1997) and one that generally is not held within the person-centered approach.
3. There have been many misunderstandings of and misconceptions about client-centered

therapy and the person-centered approach (see, for instance, Miller, 1989, discussed on page 46 of this article). These have been identified and addressed by a number of authors (see Barrett-Lennard, 1983; Mearns & Thorne, 2000; Tudor & Merry, 2002; Wilkins, 2003).

4. A certain intellectual isolationism has existed whereby practitioners and theorists read within and develop their own particular field but do not necessarily read much outside it or across theoretical orientations. The result is that they can become somewhat parochial in their outlook and misinformed about theories, ideas, and developments in other fields and approaches.

Heinz Kohut and Carl Rogers

Heinz Kohut, at least in his early writings, viewed empathy as more informative than curative. Indeed, Stolorow, Atwood, and Brandchaft (1992) used the term “empathic inquiry” (p. 2) precisely to emphasize Kohut’s (1959) original conceptualization of analytic empathy as a unique investigatory stance. This does not mean that the therapist is asking questions; rather, it means that she or he is facilitating the unfolding and illuminating of the client’s subjective world. Stolorow (1993) suggested that the term “affective responsiveness” should be applied to Kohut’s depiction of empathy as a powerful emotional bond in order to distinguish between the two aspects of Kohut’s view and definition of empathy. Stolorow clarified the relationship between these two aspects as “an essential ingredient of the analyst’s attitude of empathic inquiry is his commitment continually to investigate the meaning of his affective responsiveness, or its absence, for the patient” (p. 32). Erskine, Moursund, and Trautmann picked up on this aspect of empathy when they referred to inquiry as a central skill in effective psychotherapy (Erskine et al., 1999; Moursund & Erskine, 2004).

In general terms, self psychology describes any approach to psychology that places the self as the central concept in its theory. More specifically, it refers to a development in psychology that has its roots in psychoanalysis but

that places empathy rather than interpretation at the center of its method and practice. In this way, self psychology has helped to reclaim and relocate the therapeutic and curative role of empathy in the wider fields of psychoanalysis and psychotherapy. Furthermore, Kohut’s work is generally viewed as providing a bridge between psychoanalysis and humanistic psychology and psychotherapy. From a person-centered perspective, this is a welcome development, and, indeed, much of the writing in this field echoes Rogers’s own writings and even phrases.

The contribution of Rogers and other person-centered theorists to the understanding and development of empathy, however, was entirely unacknowledged by Kohut himself and rarely acknowledged or referenced by other self psychologists. Tobin (1991) reminded us that Rogers and Kohut were both at the University of Chicago between 1945 and 1957, and, while there is no record of the two men meeting, Elizabeth Kohut, a psychologist and Kohut’s wife, did have some contact with Rogers—and I, for one, cannot believe that Kohut did not know of Rogers’s work, especially on this subject. Tobin also commented that, in his work, Kohut referred to few other writers who influenced him, so his lack of acknowledgment of Rogers may not have been a specific lapse or slight.

Less understandable, however, is the continued, almost willful lack of sourcing, citing, and referencing of Rogers’s work among more recent self psychologists. In one volume edited by Jackson (1991), only one contributor (Donner, 1991) quoted Rogers on empathy (and then only once), and another (Ornstein, 1991) managed to discuss acceptance and understanding without citing or referring to Rogers at all. Cornell and Bonds-White (2001) perpetuated the same mistake when they stated unequivocally that “the centrality of an empathic stance in psychotherapy has emerged largely from the work of Kohut and other self-psychologists” (p. 78).

In 1986 Rogers wrote an article in which he offered his own perspective on some of the similarities and differences between himself, Kohut, and Erickson. He acknowledged that he shared with Kohut similar ideas about fundamental

human nature, which was, for Kohut, assertive and affectionate, and about the self and the restructuring of the self through therapy. It is also clear that Kohut's view of empathy as "experience-near" observation equates with Rogers's "as if" definition of empathy. Rogers cited Kohut's (1978) definition of empathy approvingly: "Empathy, the accepting, confirming, and understanding human echo evoked by the self, is a psychological nutrient without which human life as we know and cherish it, could not be sustained" (p. 705). Rogers, however, took issue with Kohut on several points:

1. Rogers pointed out Kohut's lack of trust in the actualizing tendency, citing Kohut's (1981) paper in which he talked about his view that the analyst cures by giving explanations
2. There are significant differences with regard to therapeutic intent. For Rogers, being "in tune" was, in itself, healing, confirming, and growth promoting, whereas for Kohut it was a preamble to the curative explanation.
3. With regard to Kohut's view of the therapeutic relationship, according to Rogers (1986), Kohut's was cooler and less personal than Rogers's.
4. Rogers viewed Kohut as lacking interest in testing his theories.

Following Rogers, a number of writers have commented on the similarities and differences between the person-centered approach and self psychology: Stolorow (1976), Graf (1984), Kahn (1985, 1989a, 1989b, 1996), Bohart (1991), Tobin (1991), Warner (1997, 2000), Kahn and Rachman (2000), Stumm (2002), and Tudor and Worrall (2006).

The two psychologies share similar views of human nature, although both Kahn (1985) and Stumm (2002) have argued that Kohut was more pessimistic in his view of the human condition, the self and self-development, and the importance of the psychological climate. Both approaches draw on phenomenology and phenomenological method, similarly acknowledge the difference between empathy and emotional identification, and apply their theories to societal issues. They differ in their philosophical and intellectual heritage; their views of the potential

of human beings; about growth and the outcome of therapy; in their theories about change or cure, disturbance, and transference; and in research methodology and therapeutic method (see Table 1).

Regarding empathy, the principle difference is that, while Rogers and most person-centered practitioners view the therapist's empathy as, in itself, curative, Kohut (1982) viewed empathy, initially at least, as a "mode of observation, attuned to the inner life of man" (p. 396). In this sense, empathy is an investigative stance that constitutes the "quintessence of psychoanalysis" (p. 398); in other words, it is an information-gathering activity undertaken in order that the therapist can make good interpretations. In effect, these differences represent the philosophical and historical difference between understanding (*Verstehen*) and explanation (*Erklären*), respectively. At the same time, as Stolorow (1993) pointed out, Kohut (1982) also depicted empathy as a "powerful emotional bond between people . . . [and that] empathy per se . . . has a beneficial, in a broad sense, a therapeutic effect—both in the clinical setting and in human life, in general" (p. 397).

From this we may speculate that the similarities between these two approaches may have been minimized by the way in which the different traditions of understanding and explanation can be and can become polarized. In this age of integration, the challenge may be to find a genuine integration of both the informative and the explanatory—and, indeed, the curative. One concept that may be useful in this endeavor is Buber's (1962, 1963) view of "comprehension" (*Umfassung*), which, for him, took in both poles of empathy: that of being centered in the other and in one's own existence. According to Buber, comprehending is different from looking at and from observing (and mentally taking notes)—and, by implication, from explaining—because it carries a sense of being existentially affected by something or someone. Schmid (2001), a person-centered therapist, philosopher, and commentator on Buber, linked this to the importance of presence and argued that such comprehension

is only possible if I become present to the other: presence is the fundamental core of

Table 1 Differences between the Person-Centered Psychology of Rogers and the Self Psychology of Kohut and Others (Tudor & Worrall, 2006)	
Person-Centered Psychology (Rogers)	Self Psychology (Kohut)
<i>Philosophical/Intellectual Background</i>	
Existential, humanistic frame of reference	Background in psychoanalytic ego psychology
<i>The Potential of Human Beings</i>	
Belief in the organism's tendency to actualize	Kohut's concept of the "tragic person" is less optimistic
<i>Growth and Outcome of Therapy</i>	
In the direction of greater independence and separation (autonomy)	Interdependence (from Kohut's ideas about necessary dependency of the self on external sources)
<i>Theory of Change/Cure</i>	
Expansion of consciousness	Strengthening of the self
<i>Self</i>	
Changing, perceptual view (Rogers, 1951)	As bipolar configuration (Kohut, 1977)
<i>Self-Development</i>	
Focus is in the present therapeutic situation	Shows that certain categories of parental behaviors are also necessary attitudes for therapists
<i>Theory of Disturbance—Etiology</i>	
Deficit model	Dissociation model
<i>Empathy</i>	
The therapist's attempt to perceive the internal frame of reference of the other is itself curative (see Rogers, 1959).	Viewed as an "information-gathering activity" (Kohut, 1982) . . . and in order to make good interpretations and curative explanations
<i>Transference</i>	
The therapist endeavors to understand and accept transference attitudes but does not foster dependence	Transference is a manifestation of the client's manner of organizing her or his experience
<i>Theory and Research Methodology</i>	
Importance given (especially by Rogers) to theories Theories being testable by empirical means and operationalized (see Rogers, 1986)	Subjective experience is only accessible through introspection and empathy
<i>Re: Therapeutic Method</i>	
Against interpretation	Against unempathic interpretations but in favor of generic interpretations linking present events with past experiences

this way of relating and perceiving. . . . Empathy is an expression of presence, because it is, in existential wonderment, related to what the Other is experiencing. (p. 58)

Empathy in Transactional Analysis

In his writing, Berne mentioned empathy only once. In an early paper published in 1955 (Berne, 1955/1977), he commented briefly (in

two sentences) on the distinction between empathy and intuition, arguing that while empathy has a connotation of identification, intuition does not, and, rather, that it "has to do with the automatic processing of sensory perceptions" (p. 95). Berne's lack of reference to empathy is no accident: He did not consider it a technique, let alone an attitude, and it did not appear as one of his therapeutic operations (Berne, 1966).

As Cornell and Bonds-White (2001) pointed out,

His [Berne's] transactional analysis was intended to unsettle a client's familiar, defensive frame of reference through description, confrontation, interpretation, and humor. It seems quite clear that Berne's intent, consistent with a classical psychoanalytic position, was to alter the intrapsychic structure and function of the client through clarifying interventions, not through offering a corrective relationship. (p. 73)

Berne's transactional analysis thus reflects, in the language of Stark's (1999) meta-analysis of modes of therapeutic action, a "one-person" psychology (for further discussion of this, see page 49).

In the 20 years following Berne's death, there appears to have been a similar lack of interest within transactional analysis in the subject of empathy—or, perhaps, the elaboration of empathy. Indeed, in over 35 years of the *Transactional Analysis Journal (TAJ)* and over 1,500 articles, there are only two specifically on the subject of empathy: Payton, Morriss, and Beale (1979) and Clark (1991), the former of which is a report on the effects of transactional analysis instruction on students' ability to recognize empathic responses and to discriminate empathic from nonempathic responses. A review of *TAJ* articles published between January 1971 and January 2008 (see Summers, 2008) reveals some interesting statistics:

- While only two articles have "empathy" or "empathic" in their titles, some 253 mention empathy, empathic, or empathetic.
- Interest in the subject appears to have increased over the years; an analysis of these 253 articles by decade reveals the following distribution: 1970s—9 articles, 1980s—53, 1990s—87, and in the seven years from January 2000 to January 2008—104.
- Of the 253 articles that mention the subject, only 36 have three or more mentions of empathy, empathic, or empathetic, and of these, only 8 deal with the subject in any detail, all of which have been written in the last 17 years.

In addition, some transactional analysis authors

have written about empathy in books, notably Erskine, Moursund, and Trautmann (1999); Moursund & Erskine (2004); and Hargaden and Sills (2002). In this section I review these ideas in the chronological order of their development.

The Empathic Transaction (Clark). In her 1991 article, Clark introduced the concept of the "empathic transaction," suggesting that "it demonstrates the importance of regulating the intensity and directness of transactions during different phases of treatment (p. 92)." Clark did not quote Rogers directly, but she cited another author, Miller (1989), who referred to Rogers but misrepresented him. Specifically, Miller claimed that Rogers identified three variables that were necessary and sufficient when, in fact, Rogers identified six: psychological contact between client and therapist, client incongruence, therapist congruence, unconditional positive regard (or acceptance), empathic understanding, and the client's perception of the therapist's acceptance and empathy. According to Clark, an empathic transaction comprises two parts: "the therapist's expression of understanding of the patient's experience and the patient's confirmation that he or she has been understood" (p. 92). Drawing on Berne's (1963) ideas about phases of treatment, Clark talked about the intensity of the therapist's transactions in different phases of therapy: decontamination and deconfusion. Although Clark did not diagram this transaction, from what she said about "direct transactions," I think her description of the empathic transaction is accurately represented in Figure 1. In this analysis of transactions, however, Clark did not account for the first transaction, that is, the stimulus from the client.

Empathy and Integration (Erskine, Moursund, and Trautmann). In their book *Beyond Empathy*, Erskine, Moursund, and Trautmann (1999) characterized the qualities of attunement and involvement and the skill of inquiry as central to effective psychotherapy. They based all three elements on empathy but claimed that all go "beyond" empathy in some way, although it is not clear precisely how or in what ways. In a subsequent book, Moursund and Erskine (2004) reviewed the literature on empathy;

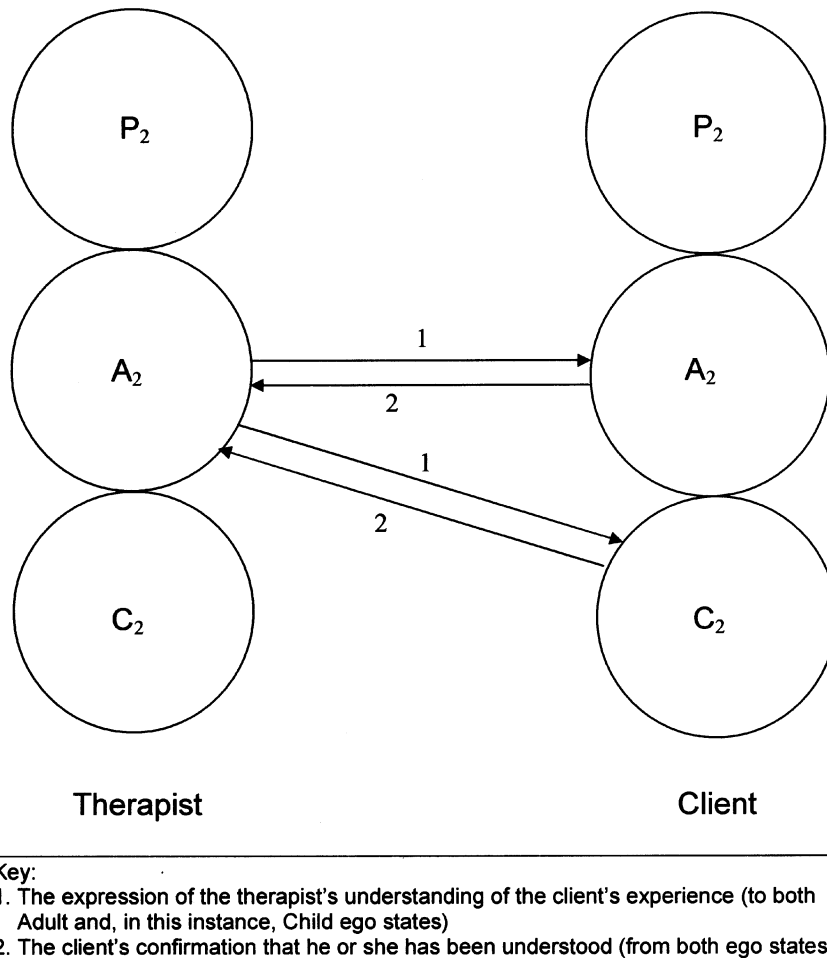


Figure 1
The Empathic Transaction (based on Clark, 1991)

cited Rogers's development of empathy (although they, too, misrepresent his theory of therapeutic conditions); and drew on Tropp and Stolorow's (1997) work to advocate for an active, inquiring kind of empathy. Moursund and Erskine (2004) claimed that for relationship-focused integrative psychotherapists, "empathy provides a foundation upon which additional therapeutic activities are built" (p. 95); they again identified these as attunement, inquiry, and involvement. Moursund and Erskine commented that these activities are "enhancements

and intensifications of the empathic process" (p. 95) and categorize them as "beyond empathy" (p. 95). The authors, however, appear ambiguous—and ambivalent—about whether the activities they are promoting are aspects, subdivisions, or extensions of empathy. This ambiguity is important not only in terms of the development of theory but also because of the centrality of empathy in their approach to transactional analysis and psychotherapy.

From Therapeutic Operations to Empathic Transactions (Hargaden and Sills). In their book

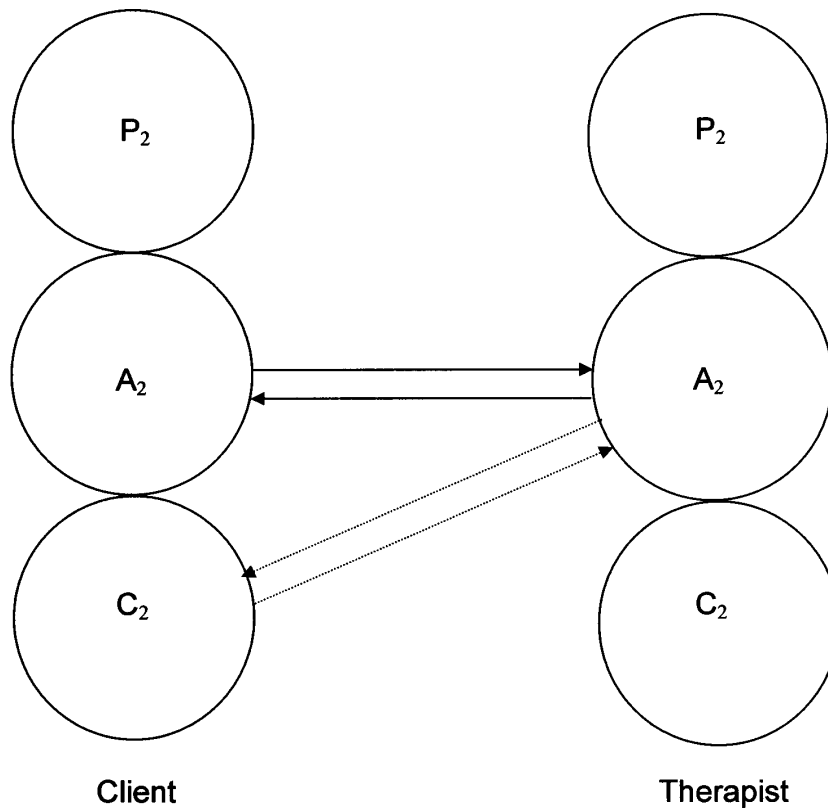


Figure 2
The Empathic Transaction (Hargaden & Sills, 2002, p. 33)

book *Transactional Analysis: A Relational Perspective*, Hargaden and Sills (2002) drew on Clark's work on the empathic transaction and diagrammed the empathic transaction as representing "a series of complementary transactions between the Adult of the client and the therapist and complementary ulterior transactions between the client's Child and the therapist's Adult" (p. 33) (see Figure 2). They emphasized the importance of the ulterior transaction in responding "with empathy and respect to the contaminated Adult of the client" and in establishing an empathic bond that, eventually, "makes it possible for the client to feel secure enough at an 'unthought' level to revive unmet needs and suppressed developmental needs" (p. 33).

Hargaden and Sills (2002) went on to reframe Berne's (1966) therapeutic operations in terms of empathic transactions, as part of which they added "holding" to Berne's sequence (before crystallization). They made the point that empathic transactions are fundamentally different from the original Bernean concept of operations and argued that there are a number of advantages to their reformulation:

1. It brings empathy into the context of such operations or transactions.
2. The use of the word *transaction* acknowledges the connectedness of both therapist and client: In other words, empathy is not something that can simply be given, it also needs to be received. This is a point

that Rogers (1957, 1959) emphasized and that I discuss further later in this article. Some may argue that this sense of connectedness is implicit in the concept of a transaction because it comprises both a stimulus and a response; thus, a stimulus that does not elicit a response is not a transaction and does not make a connection. However, while the stimulus-response model of transactions derives from behaviorism, Hargaden and Sills's (2002) conceptualization of transactions draws on a more relational and intersubjective understanding and, thereby, gives greater significance to the connection between people in the communication of empathy.

3. The use of the word *transaction* acknowledges the ulterior, nonverbal element to the exchange.
4. The use of the phrase *empathic transactions* acknowledges the use of subliminal thinking.

In their reworking of Berne's therapeutic operations, Hargaden and Sills (2002) developed the concept of empathic transactions as a form of analysis and interpretation and thus developed a Kohutian perspective on empathy.

Elsewhere (Tudor, 2011), I have developed and diagrammed a cocreative perspective on the empathic transaction.

Empathy in a Relational Context

From the discussion so far, it is clear that there are different understandings and definitions of empathy. To clarify the significance of these differences, I develop Stark's (1999) taxonomy of psychologies, by which she distinguished between three different, although mutually enhancing, modes of therapeutic action. Table 2 notes Stark's different psychologies, with the addition of a two-person-plus psychology, and summarizes their respective different influences, which I refer to as *centeredness* and *foci*. Other columns in Table 2 give examples of different views of empathy that reflect each mode and notes criticisms or limitations of each mode.

One-Person Psychology. In the first mode, the goal of treatment is a strengthening of the client's ego through insight facilitated primarily

by the therapist's interpretations. In this mode or model, the therapist is not a participant in a relationship but, according to Stark (1999), an "objective observer of the patient" (p. xvi). She continued, "The therapist conceives of her position as outside the therapeutic field and of herself as a blank screen onto which the patient casts shadows that the therapist then interprets" (p. xvi). This mode is more often associated with the interpretive model of classical psychoanalysis and ways in which empathy is used to interpret, evoke, and inquire, whether from a hermeneutic perspective or not, so as to keep the therapist as a distant "as if" figure (see Keil, 1996). However, many cognitive behavioral therapists, as well as humanistic therapists, also use empathy in this way, or, perhaps more accurately, their empathy reflects a one-person psychology. When we say to a client, "You look sad," we are, in effect and in essence, offering an interpretation based on some observation—usually of her or his eyes, face, and posture—as well as the content and tone of what the person is saying. Furthermore, there is at least one form of empathy—hermeneutic empathy (Keil, 1996)—that describes the situation when the therapist understands more than the client and differs from the client in what she or he understands. On the basis that therapy is a hermeneutic or interpretive activity, Keil argued that empathic understanding necessarily has to go beyond the "as if" understanding and one-to-one relationship, by which he means a relationship based on a one-person psychology. Keil went on to identify a number of steps in realizing hermeneutic empathy, beginning with the therapist perceiving and recognizing her or his own reactions to the behavior and expression of the client and, later, recognizing the importance of nonacceptance and nonunderstanding.

One-and-a-Half-Person Psychology. Stark (1999) introduced what she referred to as the second mode of psychology by means of a brief history of the shift in the etiology of psychopathology from nature to nurture, a shift that was influenced by object relations and self psychology. As a result, Stark argued, "The locus of therapeutic action shifted from insight by way of interpretation to a corrective experience

Table 2 Understandings of Empathy in Terms of Stark's Modes of Therapeutic Action				
Psychology or Mode of Therapeutic Action (based on Stark, 1999)	Influence, Centeredness, and Relationship	Focus	Empathy (Examples)	Criticisms/Limitations
One-person psychology	Unidirectional influence → Patient/client-centered "You" relationship	Structural conflict, impaired capacity, and relationships within the person	"Accustom yourself to give careful attention to what others are saying, and try your best to enter into the mind of the speaker" (Aurelius, 1964, p. 104). "I and my colleagues realized that this empathic listening provided one of the least clouded windows into the workings of the human psyche, in all its complex mystery" (Rogers, 1974/1980b, p. 50).	The endless tolerance of the client's needs can appear "quintessentially narcissistic" (H. Hargaden, personal communication, 3 October 2005)
One-and-a-half-person psychology	Unidirectional influence → ← Person-centered "I-It" relationship	Structural deficit, corrective experience, consolidating the self	Empathy "involves a continuous process of checking with the client to see if understanding is complete and accurate. It is carried out in a manner that is personal, natural, and free flowing: it is <i>not</i> a mechanical kind of reflection or mirroring" (Rogers & Raskin, 1989, p. 189).	
Two-person psychology	Bidirectional influence  Persons-centered, relationship-centered "I-Thou," "Thou-I," "We" relationship	On interactive engagement, enactments, the therapeutic relationship, including failures	"Empathic understanding—understanding with a person, not about him" (Rogers, 1952/1967a, p. 332) "When you live in the shadow of insanity, the appearance of another mind that thinks and talks as yours does is something close to a blessed event. Like Robinson Crusoe's discovery of footprints on the sand" (Pirsig, 1974/1991, p. 263).	"Psychotherapy can be considered to be an attempt to carry out phenomenology <i>à deux</i> " (Loewenthal & Snell, 2003, p. 12).
Two-person-plus psychology	Multidirectional influence  Socio-centered "I-Thou-Them," "We-in-context" relationship	Context, environment	Empathy . . . [is] "in itself a healing agent. It is one of the most potent aspects of therapy, because it releases, it confirms, it brings even the most frightened client into the human race. If a person can be understood, he or she belongs" (Rogers, 1986, p. 129).	

by way of the real [therapeutic] relationship” (p. xvii). However, this is more of an “I-It” relationship than an “I-Thou” or “Thou-I” relationship and hence the designation of this mode as a “one-and-a-half-person” psychology. In this mode, empathy may be viewed—and experienced—as a way of being on the part of the therapist by means of which the client may emerge with greater self-understanding of herself or himself, others, and the world. The classical Rogerian empathic listening, together with reflection, is an example of this mode, and, indeed, Stark classified Rogers (1961/1967b) as a therapist in this mode or model. One example of empathy in this mode is when, as therapists, we check out our understanding of what the client has said or meant. Brodley (2001), a leading exponent of the nondirective approach to therapy, was explicit about this:

I make empathic understanding responses primarily in order to check my accuracy with my clients. . . . I want to know whether my inner understandings, that I have communicated as best I can, are accurate according to the client. Empathic responses express my perceptions of my client’s intended communications. (p. 19)

Arguably, working in this mode requires the therapist to have the kind of “comprehension” to which Buber referred (described earlier).

There are criticisms of empathy or how empathy can be used in these two modes. Slavin and Kriegman (1992) argued that for the therapist to try to remain exclusively attuned to dominant themes and meanings in the client’s subjective world can be a “self-protective strategy on behalf of the therapist” (p. 252), one that can be experienced by the client as controlling and emotionally impersonal. Indeed, “as if” empathy can be reflective of what Deutsch (1934) described as an “as-if personality,” in which affective relationships with others are barred due to a pseudoidentification. O’Hara (1997) viewed these conceptions of empathy as modernist and egocentric. In a contribution to an Internet discussion group, Helena Hargaden (personal communication, 3 October 2005) suggested that “therapy based on person-centered or self psychological perspectives, with their focus on endlessly tolerating the client’s needs

for mirroring and twinship, can sometimes seem to be quintessentially narcissistic.”

Two-Person Psychology. The third psychology identified by Stark (1999) conceives of therapy as “interactive engagement with an authentic other” (p. xix). In other words, what heals is the therapeutic relationship itself, facilitated by empathic attunement and resonance. In this mode, client and therapist create and co-create an interactive dyad in which each affects the other—and each recognizes that she or he affects the other. This is sometimes referred to as a person-to-person relationship or, following Buber (1937), an I-Thou relationship. In this mode, more attention is paid to the processing of inevitable empathic failure and misattunement on the part of the therapist (e.g., “I think I missed you there”) as well as to ruptures in the relationship. This is reflected in the person-centered literature that has an interactional orientation (see van Kessel & van der Linden, 1993) and focuses on empathy as an aspect of “the between” or the interpersonal encounter (see Barrett-Lennard, 1997; Myers, 1999; Schmid, 2006), perspectives that highlight the reflective and cocreative nature of empathy. Although this has echoes of Sullivan’s interpersonal therapy, and Rogers (1951) acknowledged the “threads of interconnectedness with [certain] modern formulations of psychoanalytic thinking” (p. 4), including Sullivan (along with Horney and Alexander and French), Rogers only specifically cited Sullivan (1945) with reference to his views on the forward direction of the organism.

Schmid (2001, 2006), in particular, made an important contribution to the development of a dialogical person-centered therapy. He made the point (Schmid, 2006) that, as it is the other who calls the “I” into service, this relationship is more accurately described as a “Thou-I” relationship—which, of course, also reflects a focus or centeredness on the client. More broadly, this mode reflects the widespread interest in the therapeutic relationship across theoretical orientations and what Mitchell (2000) referred to as a “relational turn” (p. xiii) in psychotherapy. In this mode, empathy, from the therapist’s point of view, is for and with the other and with the relationship and hence the therapist’s comments on the relationship (e.g., “It seems like

we both talked past each other there"). In the context of sociocentric psychology, as distinct from egocentric psychology, O'Hara (1997) coined the phrase "relational empathy," which, she argued, offers a view of empathy as contextual awareness and as a state—or process—of consciousness that is based on and reflects a relational knowing. She contended that "empathy has a more respected role in sociocentric human relations than it typically does in egocentric cultures" (p. 303) and that in such relations and cultures empathy is not "a poor relation to objective interpretation" (p. 303).

The criticism of this mode of therapeutic action is encapsulated in Loewenthal and Snell's (2003) suggestion that "psychotherapy can be considered to be an attempt to carry out phenomenology *à deux*" (p. 12).

A Fourth Mode? Two-person psychology, psychotherapy, and other activities help healing and change take place in a social context, and that social context has an evident effect on what happens in the consulting room—and, indeed, even on whether the client gets to and continues to attend therapy. Furthermore, for some therapists—and, within transactional analysis, those who view TA as a social psychology and who draw on the radical psychiatry tradition—the context that clients bring into the consulting room is an important focus for therapy. Given the significance of client factors and extratherapeutic factors, and in acknowledgment of an interest in the social context of therapy—what I have referred to as another, social "turn" in the field of psychotherapy (see Tudor, 2010)—I propose a fourth mode of therapeutic action: a *two-person-plus psychology*. This phrase and mode acknowledges the significance and impact of these factors and of the social context of the client, the therapist, and the therapy—and of the therapist's and client's empathic relationship with such factors.

Two-Person-Plus Psychology. Alongside the interest and development in ideas about the therapeutic relationship or therapeutic relating (see Summers & Tudor, 2000; Tudor, 2008b), there is an increasing acknowledgment of the importance to psychotherapy outcome of client factors as well as other extratherapeutic factors (i.e., factors outside therapy that are therapeutic;

see Bohart & Tallman, 1999; Bozarth, 1998; Duncan, Miller, & Sparks, 2004; Miller, Hubbard, & Duncan, 1995). These encompass the client's active participation in therapy and her or his proactive choice and realistic expectations of therapy as well as her or his levels of psychosocial functioning, secure styles of attachment, psychological mindedness, and social support. As Horney (1945/1999) put it, "Life itself still remains a very effective therapist" (p. 240). One example of empathy in this mode is Rogers's (1986) definition of empathy as "in itself a healing agent" (p. 129). He continued, "It is one of the most potent aspects of therapy, because it releases, it confirms, it brings even the most frightened client into the human race. If a person can be understood, he or she belongs" (p. 129). Elsewhere, Rogers (1975/1980a) described one of the profound consequences of empathy succinctly: "Empathy dissolves alienation" (p. 151). It is no accident that those therapists and others—such as community and youth workers as well as political activists who focus on the social/political world—often work and organize in groups and communities, and that those who analyze alienation (see, for instance, Agel, 1971) and psychopathology as forms of alienation (see, for instance, Tudor & Worrall, 2006), often work therapeutically in and with groups.

We can understand more fully the significance of this social, connecting aspect of empathy if we also refer to Angyal (1941), a psychologist whose work influenced Rogers. Angyal explored the concept of *homonomy*, which he defined as "the tendency to conform to, unite with, participate in, and fit into superindividual wholes" (p. 182). He suggested that this tendency or trend, this urge to belong to something larger than oneself, is "a source of profound motivation for human behavior" (p. 182). As human beings, we tend or trend toward both autonomy and homonomy in a world that is heteronomous or other. As Angyal put it, "The organism lives in a world in which things happen according to laws which are heteronomous from the point of view of the organism" (p. 33). Empathic understanding, resonance, and, specifically, visceral and relational empathy are ways of satisfying this trend toward

homonymy for both client and therapist. When one understands the other, both belong to something larger and more inclusive than either does individually. While the concept of autonomy is familiar and well-articulated in transactional analysis, from Berne (1964/1968) onward, there is, apart from my work, only one other reference in the transactional analysis literature to the concept of homonymy in an excellent article written by Massey (2007). Rogers and Angyal knew of each other's work: Rogers (1951, 1959) cited Angyal (1941), and Angyal (1965/1973) referred to Rogers when he acknowledged that

with patients whose emotions are not, or no longer, completely submerged or falsified, a sensitive recognition of all their feelings by the therapist can do much to increase the patient's awareness of his mental states. Because of this greater differentiation, and also because the therapist naturally resonates to genuine undistorted feelings, this process also furthers their growth. This is one reason why reflection of feelings advocated and practiced by Rogers and his followers often proves so effective. (p. 290)

Within transactional analysis there are no journal articles on the subject of belonging, although it is the subject of some discussion in articles by Caracushansky (1980), Caracushansky and Giampeiro (1987), and Shadbolt (2004). Maslow (1954) placed belonging below but, reading from the bottom up, before self-actualization in his hierarchy of needs, and it is implied in some of the relational needs identified by Erskine and Trautmann (1996) (e.g., to feel validated, affirmed, and significant; to be accepted by a stable, dependable, and protective other; to have an impact on others; and to express love). Moiso (1999) explicitly identified the drive to belong as one of the three drives that derive from Berne's concept of human hungers. He recognized this as the first permission essential to the child and, therefore, that the injunction Don't Belong, together with Don't Be and Don't, is a proto-injunction. Similarly, Allen and Allen (1999) considered that permission to feel that one belongs is one of a number of major permissions.

In this fourth mode, the focus of the therapist's empathy is with the client's relationship with the extratherapeutic factors that support or detract from her or his life, including her or his relationship with therapy. The therapist pays attention to the client's sense of connection with and/or disconnection from her or his world and of belonging to and/or alienation from the world, including relationships with her or his faith, ancestors, and natural environment (e.g., land, river, and mountains). Some therapists explore these relationships with the client by physically moving out of the frame of the consulting room into the environment. Whether or not client and therapist supplement or complement talking with walking, it is clear that two-person-plus psychology acknowledges the social, cultural, and environmental context of the client and that empathy in this mode acknowledges the holistic and contextual client.

Summary

This article has argued that the different meanings of empathy have not been made explicit in the transactional analysis literature and that a fuller understanding of Carl Rogers's work on empathy, in the context of his necessary and sufficient conditions for therapy, expands the understanding of empathy and its applications in TA. The article has sought to clarify different perspectives on empathy in transactional analysis, an analysis that also serves as background for a separate article that elaborates a cocreative perspective on empathy (Tudor, in press). Finally, the article suggests an addition to Stark's (1999) taxonomy of different psychologies, one that acknowledges the impact and contribution of extratherapeutic factors and context on the client. This perspective reflects and enhances transactional analysis as a social psychology.

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It is a great pleasure to invite you to come to Bilbao—a small city in the Basque country of northern Spain—to celebrate together our 2011 Transactional Analysis World Conference. The conference will be held in the antique buildings of Deusto University, situated on the Nervion River across from the Guggenheim Museum. At the TA Conference we are going to face and explore the universal experience of “The Challenge of Growth.” The transactional analysis concepts of awareness, intimacy, spontaneity, and, obviously, autonomy are all about the challenge to grow at every developmental stage in our lives. The entire organizational team joins me in encouraging you to come and share with us this opportunity for learning and thinking together. You will find a warm atmosphere and feel very welcomed in our city, Bilbao. Here you will enjoy our famous gastronomy, the picturesque old town, and perhaps even visiting our beaches and mountains. It is an honor for us to tell you, “Ongi Etorri Bilbo’ ra!” which in the Basque language means “Bienvenid@ a Bilbao!” or “You are very welcome to Bilbao!”

Amaia Máuriz-Etxabe, Chairperson

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