

THE USE AND IMPACT OF THE ANALYST'S SUBJECTIVITY WITH EMPATHIC AND OTHER LISTENING/ EXPERIENCING PERSPECTIVES

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As part of the epistemological transition from positivistic to relativistic science that had begun earlier in the twentieth century, Kohut (e.g., 1959, 1977, 1982, 1984) attempted to update psychoanalytic thinking in formulating the empathic mode of observation. The purpose of this paper is to reassess, through a conceptual and historical lens, the considerable controversy generated by the empathic perspective. The author specifically addresses constructivist philosophical underpinnings, the use and impact of the analyst's subjectivity, the inclusion of unconscious processes, the need for additional listening perspectives, and the influence of theoretical models in the organization of empathically acquired data. An illustrative clinical vignette is discussed.

Keywords: Empathic listening perspective, other-centered listening perspective, analyst's self-perspective, organizing patterns, interaction patterns, unconscious processes, implicit processes, explicit processes, theoretical models, countertransference, objectivism, constructivism.

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INTRODUCTION

While Freud (1915) was well aware that “our perceptions are subjectively conditioned and must not be regarded as identical with that which is perceived” (p. 171), his observations and theories were embedded in the positivistic science of his day, and they emphasized the analyst’s objectivity and the patient’s transference distortions of reality. Heisenberg’s formulation of the uncertainty principle in 1927 initiated a revolutionary change in paradigms from positivistic to relativistic science, making unquestionably clear that the observer affects the observed, both perceptually and interactively.

In response to this gradual and still ongoing paradigm change, Kohut, beginning in 1959, updated psychoanalytic epistemology in focusing on its method of observation. Kohut (1982) recognized “the relativity of our perceptions of reality,” “the framework of ordering concepts that shape our observations and explanations” (p. 400), and that “the field that is observed, of necessity, includes the observer” (Kohut 1984, p. 41). It was gradually emerging that the psychoanalytic encounter creates an intersubjective field (Atwood and Stolorow 1984; Stolorow, Brandchaft, and Atwood 1987) or a relational one (Greenberg and Mitchell 1983; Mitchell 1988) that involves the *intersection of two subjectivities* (Atwood and Stolorow 1984), an expression that accentuates the subjectivity, in contrast to the objectivity, of each participant. Deeming the patient’s subjectivity the principal focus of the analytic endeavor, Kohut (1959, 1982) delineated how our method of observation relies on empathy and vicarious introspection, what he called the “empathic mode of observation,” and designated it the method by which the field of psychoanalysis itself is defined (Kohut 1977, p. 302).

The epistemological transition from positivistic to relativistic science, also expressed as a transition from objectivism to constructivism, has understandably not been a simple task for psychoanalysis at large (Fosshage 1994; Hoffman 1983, 1998; Schwaber 1981, 1998; D. B. Stern 1997; Stolorow and Lachmann 1984–1985). It has not been easy, clinically, to relinquish the security of an objectivist position, with its degree of certitude and elevation of the analyst as the “knower,” especially during those most difficult periods of analysand–analyst entanglements. It has

not been easy to embrace, instead, the potentially insecurity-producing ambiguity of a constructivist position that tends to level the playing field as the two analytic protagonists collaboratively attempt to understand “who is contributing what to the analysand’s and analyst’s respective perceptions, experiences, and their interaction” (Fosshage 2003, p. 421; see also Fosshage 1994).

THE EMPATHIC LISTENING/ EXPERIENCING PERSPECTIVE

The empathic mode of observation refers to a listening perspective designed to understand as best one can, through affective resonance and vicarious introspection, the analysand’s experience from within the analysand’s frame of reference. In other words, through resonating with the analysand’s affective experience and using analogues of our own experience (Stolorow, Atwood, and Orange 2002), we attempt to infer (Lichtenberg, Lachmann, and Fosshage 2010) our way into the analysand’s experiential world. In formulating the empathic listening stance, Kohut attempted to bring the patient’s subjective experience more immediately into focus, a focus that had heretofore been commandeered by the analyst’s “objective” point of view.

All analysts variably use empathic listening in efforts to understand the analysand’s experiential world (Stolorow, Atwood, and Orange 2002), the fundamental analytic task. Self psychologists (Kohut 1982; Ornstein and Ornstein 1985; and many others) and Schwaber (1981) have emphasized the *consistent usage* of empathic listening as the basis of analytic inquiry and understanding. Controversy over the empathic listening perspective, however, has mushroomed—from both the left and the right, so to speak—coalescing around four interrelated issues:

- (1) Does the empathic listening stance, in focusing exclusively on the analysand’s experiential world, attempt to eliminate the analyst’s subjectivity? If so, does it reveal an implicit objectivist underpinning?
- (2) When using the empathic stance, does the analyst solely reflect back the analysand’s experience, thereby attempting

to eliminate the use of, and certainly the disclosure of, the analyst's perspective and subjectivity?

- (3) Does responding empathically mean simply being "compassionate"—or, even worse, being "nice"—to the analysand, avoiding all confrontations, even those that are necessary?
- (4) Does empathic inquiry focus exclusively on conscious experience, thereby neglecting unconscious factors?

I will address these issues conceptually and historically.

Despite his relativistic perspective, Kohut, a theorist in transition, inadvertently retained part of the old, that is, a residue of objectivism, first in his term *mode of observation* (which Lichtenberg [1981] later modified to *mode of perception*) and in his claim on three occasions that the empathic mode is "in essence neutral and objective" (Kohut 1980, p. 483). These residues, subsequently seized upon by Mitchell (1993), Hoffman (1998), and by Stolorow, Atwood, and Orange (1999), contributed to the notion that Kohut, in his delineation of the empathic perspective, retained some objectivist and not yet fully constructivist underpinnings, despite his intention to create a relativistic scientific epistemology.

While Kohut emphasized the *use of the analyst's subjectivity* during empathic inquiry—specifically composed of the analyst's empathic capacity, vicarious introspection, and theoretical concepts—he also subscribed to Freud's and the then-current (in the United States) ego psychological, pathological model of *countertransference* that focused on recognizing and ejecting problematic aspects of the analyst's subjectivity from the analytic encounter.

This position stood in contrast to those of the interpersonal, object relational, and Kleinian traditions, and subsequently to the relational position as well, in that these authors increasingly followed Heimann (1950) in using the term *countertransference* much more broadly—that is, to refer to normative reactions to the transference that are informative of internal patterns of organization and interpersonal interaction.¹

¹ I am using the term *relational* with a small *r* to cover a range of psychoanalytic approaches that are anchored in relational or intersubjective field theory, including interpersonal, American Relational (capital *R*), and the more contemporary object relational and self psychological perspectives (see Fosshage [2003] for an elaboration).

A number of these authors who redefined and made use of the analyst's countertransference, in contrast to Kohut, tended to view the empathic perspective, with its sole focus on the analysand's experience, as eliminating rather than making use of the analyst's subjectivity. The differences were in part definitional—that is, pertaining to the definition of countertransference, and in part they were differences of emphasis, that is, referring to the use of different aspects of the analyst's subjectivity.

For example, if we expand the definition of countertransference to refer to the analyst's experience of the patient, what Kernberg (1965) termed the *totalist perspective*, it follows that all analysts use their countertransference or subjectivities in listening, regardless of listening perspective—for what else is there (Fosshage 1995)? *All analytic listening is filtered through our subjectivities.* Kohut featured the analyst's empathic capacity, vicarious introspection, and theoretical models, as well as nonpathological countertransference reactions to and partial designators of self-object transferences (Kohut 1971). Relational authors have subsequently extended the use of the analyst's subjectivity (countertransference) to illuminate the analysand's patterns of organization and relational interaction.²

Because there were a few remnants of objectivism in Kohut's writings, and, perhaps more important, because there was an initial enthusiasm among advocates of the empathic perspective (emanating from a welcomed freedom from the imposition of objectivism, which sounded almost as though it provided a "sure way" into the analysand's world), contemporary self psychologists and intersubjectivists have taken strides to emphasize that the process of empathic listening is necessarily filtered through the analyst's subjective experience.³ They have highlighted the

² Internal patterns of organization have been variously described with the terms *internal objects* or *introjects* (Klein 1975), *internal working models* (Bowlby 1973), *internal representations* (Sandler and Rosenblatt 1962), *principles* or *patterns* of organization (Fosshage 1994; Sander 1997; Stolorow and Lachmann 1984–1985; Wachtel 1980), *RIGs* (D. N. Stern 1985), *pathogenic beliefs* (Weiss and Sampson 1986), *mental representations* (Fonagy 1993), *expectancies* (Lichtenberg, Lachmann, and Fosshage 1996), and *implicit relational knowing* (D. N. Stern et al. 1998).

³ These authors include, for example, Lichtenberg (1981), Orange (1995), Fosshage (1994, 1995), and Stolorow, Atwood, and Orange (2002). Schwaber (1997, 1998), writing from a different theoretical framework, has also discussed these issues.

underlying constructivist epistemology as opposed to the objectivist epistemology. I have coined the term *empathic listening/experiencing perspective* (Fosshage 1997b) to accent the use of the analyst's subjectivity.

Analysts process information implicitly and explicitly to inform a direction of inquiry, that is, to sense what is important, what needs elaboration, and what needs clarification, and to formulate an inquiry for illuminating intentions, affects, and meanings. Through affect resonance, reflecting on "analogues" of our experience (Stolorow, Atwood, and Orange 2002), and using our theories, we analysts use our subjectivities to feel, sense, and infer our way (Lichtenberg, Lachmann, and Fosshage 2010), as best we can, into the analysand's experiential world. While the empathic stance "is designed 'to hear' as well as possible from within the vantage point of the analysand, this is clearly a relative matter, for what is heard is *always variably shaped* by the analyst" (Fosshage 1992, p. 22, italics in original).

The extent of the analyst's shaping, of course, contributes substantially to whether or not an analysand feels heard and understood. In the extremely complex, bidirectionally influenced analyst–analysand system, the analyst's contribution can range from a disruption of the analysand's direction and sense of being heard and understood, to an expansion of the analysand's reflective awareness and articulation of both conscious and unconscious intentions, meanings, and experience. In this process of listening, experiencing, and intervening, our subjectivities—including especially our analytic models, our explicit and "implicit relational knowing" (Boston Change Process Study Group 2008; Fosshage 2005, 2011; D. N. Stern et al. 1998), and our listening perspectives—are pivotally influential in organizing our experience of the analysand as we attempt to listen empathically, or for that matter in any other way, a point to which I will return in what follows.

EMPATHIC RESPONSIVENESS AND THE ANALYST'S SUBJECTIVITY

The paradigm shift from objectivism to constructivism opened the door to the recognition of bidirectional influence between patient and analyst, leading to a second revolutionary change in paradigms, that is, from

theory based on the intrapsychic to relational field theory. Contributing to this transition, Kohut (1977) assessed that the analyst could not remain anonymous, neutral, and "a blank screen"—one who interacted like an interpreting computer, if you will—but must be sufficiently responsive to enable the analysand to make use of the analyst as a self-object. He called this functioning *empathic responsiveness*—that is, the analyst is responsive on the basis of his or her empathic understanding of the analysand. The idea of empathic responsiveness brought the analyst's subjectivity and responses more fully into play, directly countering the notion, once again, that an empathic stance aimed to eliminate the analyst's subjectivity from the interaction.

The term *empathic*, however, was now used confusingly in two ways: first, to refer to a listening perspective, and second, to a type of response. Critics often conflated these two meanings. For example, Bromberg (1989) wrote: "The defining element of [the empathic] stance is its dedication to full empathic responsiveness to the patient's subjective experience" (p. 282). This conflation implied that the self psychologically informed analyst withheld aspects of his or her subjectivity from the playing field, contributing to the notion that these analysts were simply attempting to be compassionate toward their analysands—or, in the vernacular, to be "nice" to them.

While the explicit objective of empathic listening is not compassion per se, empathic listening and understanding from within the analysand's frame of reference do tend to foster, I believe, a sense of feeling heard and understood, as well as a mutual compassionate resonance. More experience-distant interpretations based on an "outside" perspective are more likely to be experienced as "confrontational," as missing the mark, or simply as "not getting it." This compassionate resonance, involving recognition and understanding of the analysand and the analysand's experience, is certainly a major healing factor.

Bromberg (1989) asserted that an analyst thus oriented (referring to the self psychologist's empathic perspective) becomes focused on "how it feels to be the subject *rather* than the target of the patient's needs and demands" (p. 286, italics in original). I believe that Bromberg makes an important distinction between two experiential perspectives: identification with the subjective experience of the patient, and identification with

the other as “target” of the patient’s actions. In my view, the analysand will at times need to experience the analyst as identified with and understanding the analysand’s experiential world, and at other times will need to hear, through contact with the analyst, what it is like for an other to be engaged with the analysand in an interactive field. The latter perspective enables the analysand to better understand his or her internal organizing and behavioral contributions to interpersonal experience.

To assess what will be facilitative for the analysand at any given moment requires, I believe, an overriding empathic perspective—for example, in attempting to understand the meanings that an intervention might have for an analysand. But for the analyst to be fully responsive as the target of the analysand’s needs and affects requires additional listening perspectives, to be described in what follows.

EMPATHIC LISTENING: CONSCIOUS AND UNCONSCIOUS PROCESSING

Perhaps the focus on the analysand’s experiential world in empathic listening has contributed to a misperception that the analyst does not deviate from or expand the analysand’s reflective awareness and conscious articulations, either through inquiry or through interpretive formulations. This would naturally forfeit consideration of unconscious processes and meanings. In addition, the close focus on the analysand’s subjective experience implicitly, if not explicitly, challenges the validity of “objective” interpretive leaps to presumed unconscious meanings, which might also have contributed to a misperception that unconscious meanings are neglected in empathic listening.

However, we know that the postulation of unconscious mental activity has been fundamental to psychoanalysis: first in Freud’s dynamic unconscious, involving intrapsychic, structural conflict, and, more recently, in the notion of implicit (unconscious or nonconscious) learning and memory, which has exponentially expanded the domain of unconscious processing (Boston Change Process Study Group 2008; Clyman 1991; Fosshage 2005, 2011; Grigsby and Hartlaub 1994; D. N. Stern

et al. 1998—among others). Unconscious and conscious processing—which includes perceiving, categorizing, consolidating memory and learning, regulating shifting priorities in motivation (intentions) and affect, and conflict resolution—is always occurring simultaneously during our waking hours, and unconscious processing continues during sleep in the form of REM and non-REM dreaming (Fosshage 1997a).

How do we gain access to unconscious processing? Since the time of Freud’s development of the free association method and his description of dreams as the “royal road” to the unconscious (1900, p. 608), ego psychologists have accented the unconscious components of conflict and defenses that emerge latently in conscious articulations. More recently, we have expanded our listening range so that, in addition to conflict, we listen for explicit and implicit, verbal and nonverbal communications of intentions, meanings, and procedural knowledge. Empathic listening is “simply” focused on hearing and understanding these communications from within the patient’s frame of reference. Empathy and judgment interpenetrate (Goldberg 1999), yet the attempt is *to be* in the analysand’s experience and to make our inferences and assessments, as best we can, from within the analysand’s experiential world.

The use of empathic listening does not minimize the importance of unconscious processing. To the contrary, clinical experience indicates that a sense of safety is enhanced through the analyst’s intent listening from an empathic perspective, for it militates against the disruptive influence of the analyst’s imposition of his or her vantage point (though it does not, of course, eliminate this). Diminishing the need for protection increases reflective space and facilitates the emergence into conscious awareness of unconscious, conflicting and nonconflicting intentions, memories, meanings, and processing, including unvalidated experience (Stolorow and Atwood 1992), unformulated experience (D. B. Stern 1997), and implicit patterns of organization (*implicit knowledge*).

In other words, empathic understanding tends to make more permeable and fluid the boundaries between conscious and unconscious, between explicit and implicit, and it increases conscious access to previously unconscious feelings, intentions, thoughts, and connections.

ADDITIONAL LISTENING/ EXPERIENCING PERSPECTIVES

Empathic listening and responsiveness unquestionably utilize the analyst's subjectivity in listening and responding to analysands. Yet when a clinical moment requires a focus on the analyst's experience of the analysand in their relational interaction, or on the analyst's experience of him- or herself during an interaction, additional listening/experiencing perspectives and data are needed, broadening the range and use of the analyst's subjectivity. The conceptualization of additional perspectives clarifies alternatives that we can draw upon in a particular clinical moment and, in addition, contributes to understanding the differences in what analysts hear.

What other listening/experiencing vantage points are there? A number of analysts have discussed outside observer perspectives that differ from the empathic vantage point. Lichtenberg (1981) has delineated three different listening stances: those of an outside observer, of an interested companion, and of a listener within (the empathic perspective). Gabbard (1997) has also described an outside observer perspective, stating that he uses the term *objective* in two ways: "in the sense of being an object in . . . [the patient's] world as well as in the sense of gathering data to reach a plausible conclusion" (p. 24). His first usage, to be an object in the patient's world, overlaps with what I have termed the *other-centered perspective* (to be described in what follows), but appears to cover a broader rubric. In the second usage, Gabbard philosophically qualifies the term *objectivity* by modifying it, referring to *relative objectivity*.

Goldberg (1999) argues that the first person (subjective, empathic) and third person (objective, external, judgmental) are "two interpenetrating" perspectives (p. 358), and that one never occurs without the other. Smith (1999) uses *objective* to refer to the external observational perspective and *subjective* to refer to internal experience. While he sees the objective and subjective as "defining the direction of perception" (p. 481), he emphasizes their interdependence.

I am in agreement with these theorists in their attempt to delineate other listening perspectives, anchored generally in differentiating be-

tween inside and outside the analysand's world. The term *objectivity*, even if qualified by the modifier *relative*, from my vantage point carries with it too much positivistic baggage that can subtly support an analyst's upward trajectory into an elevated "knowing" position, usurping the analysand's experience and undermining the analysand's sense of self.

While I agree with Goldberg that judgments (or assessments) are usually occurring, precisely where we experientially attempt to position ourselves in relation to the patient (inside, outside, or as the other), in listening and in understanding, immeasurably affects our determinations and their corresponding impact on the analysand. I am suggesting that a conscious awareness of different listening perspectives can increase our understanding of clinical content and process, as well as facilitating the analytic process and enhancing the analysand's reflective awareness and development.

I have proposed that analysts *experientially oscillate between the empathic, other-centered, and analyst's self-listening perspectives* (Fosshage 1995, 1997b, 2003). The *other-centered perspective* refers to an analyst's experience of the analysand as "an other" in a relationship with the patient—what it feels like to be the other person in the interaction. When we experience an analysand as hostile, controlling, loving, or manipulative, we are experiencing the analysand primarily from the vantage point of an other in a relationship with the analysand. This information about the analysand and the interaction potentially informs us about how the analysand impacts others, about the analysand's patterns of relating, and about potential change in those interaction patterns.

These interaction patterns, in addition, provide an entree to an analysand's internal patterns of organization that have been established on the basis of lived experience, for patterns of organization and interaction are intricately interrelated. For example, a person's expectancies, or expectations, tend to create confirming relational interactions (Fosshage 1994). Racker's (1957) concordant and complementary countertransferences can be viewed as corresponding to analysts' experiences as they emanate from, respectively, empathic perspectives and other-centered perspectives.

The empathic perspective advantageously positions the analyst to attend closely to how the analysand experiences his or her world, a process

that implicitly acknowledges and validates the “reality” of the analysand’s experience, contributing to a deep, self-enhancing sense of being heard and to a co-creation of reflective space. Empathic listening, however, is quite complex, for the analyst—in listening to the analysand’s explicit and implicit, verbal and nonverbal expressions—must hear (infer) the message (content) and the music (process). The analyst must differentiate between foreground and background features of the analysand’s articulated experience. And the analyst must sense a way into and facilitate the emergence of implicit, as-yet unarticulated intentions and meanings.

The other-centered perspective provides information about how others may experience the analysand and the analysand’s patterns of interaction, facilitating an understanding of what happens in the analysand’s relationships. Other-centered experience can also provide clues to underlying patterns of organization (for example, an analysand’s expectancies in the interaction). Other-centered experience yields information about the analysand’s break with old patterns and establishment of footholds for new ways of relating.

The disadvantage of using exclusively the empathic perspective for interpretive focus is that it deprives the analysand of direct feedback on how the analyst experiences the analysand in the interaction, which is useful in illuminating interactive patterns and how they impact his or her relationships. The disadvantage of using exclusively other-centered listening/experiencing data, on the other hand, is that the analyst’s other-centered experience, when communicated, may be too distant from the analysand’s experience for the analysand to be able to meaningfully appropriate it. Moreover, analysts have traditionally used what I call *other-centered experience* to assess underlying (unconscious) motivations that have all too often superseded the analysand’s expressed intentional experience. To assess intention or motivation on the basis of the interpersonal consequences of the analysand’s actions (the analyst’s other-centered experience) requires considerable caution, for the interpersonal consequences might or might not reflect the analysand’s intent. For example, hostile humor feels interpersonally aggressive and triggers aversion; yet an individual might be totally unaware of this, for the primary motivation may be to connect, and the presumed procedure for

connecting (a learned, familial attachment pattern) is through hostile jibing.

Similarly, an analysand’s intense tracking of the analyst can feel controlling and yet may emanate primarily from underlying anxiety related to expectancies of abandonment (an anxious attachment pattern). While other-centered experience can reveal how the analysand impacts others—as well as invaluable information about interaction patterns and relationships, and evidence for related organizing patterns—empathic inquiry is required to identify the primary conscious and unconscious motivations from within the analysand’s experiential world, in order to weave together a complex picture of the analysand’s internal and external experiential world.

While the empathic and other-centered perspectives both focus on the analysand, the analyst also needs to be aware of his or her own subjective experience during the interaction, as well as his or her judgments and assessments—what I call *the analyst’s self perspective*. For example, if the analysand inquires, based on his or her experience, whether the analyst is feeling disapproving or angry, the analyst must assess his or her own subjective experience—in this instance, a judgment of affect—in order to make sense, as best the analyst can, of who is contributing what to the analysand’s experience.

In my view, the timely use of experience derived from each listening/experiencing perspective facilitates and deepens inquiry of both conscious and unconscious processing, and provides a more comprehensive understanding of both analysand and analyst and their interaction. While we can, within limits, consciously choose a particular listening/experiencing perspective, many factors from the analyst, the analysand, and the interaction contribute to the triggering or activation of a particular perspective, or to a rapid oscillation between perspectives, or to the simultaneous occurrence of several perspectives.

For example, whenever an analysand expresses strong affect directed toward the analyst, be it anger or love, it immediately triggers an other-centered perspective in the analyst—the perception of what it feels like to be the other in a relationship with the analysand. It could also trigger, simultaneously, the analyst’s self perspective—for example, feeling defensive in reaction to the analysand’s anger, or feeling enjoy-

ment or anxiety in reaction to the analysand's love. A listening mode can be used defensively, as Smith (2010) has suggested. For example, to identify empathically with the analysand, or to explicitly inform the analysand of how controlling or dominating he or she feels in the interaction, could be equally uncomfortable, and could prevent us from using that particular perspective so that we remain wedded to its alternative.

Apart from these problematic reactions, an overriding use of the empathic perspective, whether in the foreground or background, helps us assess how and when to use information from these various perspectives therapeutically. As a general principle, in order to unravel a difficult analysand-analyst interaction, I believe that, if we start from within the analysand's perspective (from his or her intentions, affects, and expectancies, including the relevant historical resonances), and work our way to the analysand's contribution to the interpersonal interaction, utilizing the analyst's other-centered data, we can sustain reflective processing for both analysand and analyst. We will thus arrive at an understanding of the analysand's internal organizations and contribution to relational experience that is the most comprehensive one among those that are palatable and digestible for the analysand.

In these difficult entanglements, the analyst must also begin with the analyst's self perspective, including what potential resonances were activated in the analyst, and the analyst must acknowledge his or her contribution to the interaction (and the analysand's other-centered experience), in order to achieve a full, mutual, and reflective understanding of the difficult interaction.

CLINICAL VIGNETTE

I present the following clinical vignette to illustrate the analyst's rapidly oscillating use of these three listening perspectives.

A number of years ago, I began psychoanalytic treatment with a woman in her thirties whom I will here call Amanda.⁴ She was extremely sensitive, perceptive, and reactive, as well as quite labile in mood and prone to fragile self-states. Easily feeling impinged upon, she experi-

⁴ Aspects of this patient's treatment have been previously discussed (Fosshage 1997b).

enced natural light in my office as painfully too bright, for which, at her request, I regularly adjusted the blinds.

Both of Amanda's parents had been remarkably absent, with her mother often feeling overwhelmed. Amanda had a prolonged incestuous relationship with an extremely sadistic older brother. When she would cry out to her mother for protection, her mother pushed her away with "Leave me alone, you're killing me!" Amanda felt that her previous analyst had saved her life; he had been her first real caretaker. His move to another city unfortunately aborted a long treatment and forced her to find another analyst.

During a session with Amanda toward the end of the first month that I wish to focus on, I experienced the room as uncomfortably warm. Silently, I went to the window to adjust the ventilation. At the following session, my analysand related how upset she was with me for having gotten up in the middle of the session, while she was talking, to stare out the window.

Being taken aback by what, to me (*judgment from the analyst's self perspective*), was a very idiosyncratic, hurtful perception, and knowing that our capacity to share humor had often helped her to regain reflective perspective, I said in a somewhat humorous, self-mocking vein, "The mark of a good analyst: get up in the middle of a session and stare out the window."

In this instance, however, it was a misjudgment, for Amanda was far too hurt by her particular framing of the event to join in with my humor. Instead, she felt invalidated, perhaps even ridiculed.

Recapturing my *empathic stance*, I inquired about her experience when I had gone to the window. Amanda had felt that I was uninterested in what she was saying. With concern, I reflected that her feeling—that I had gone to stare out the window while she was talking and was therefore disinterested in her—was understandably quite hurtful to her (what my colleagues and I have called *wearing the attributions of the transference*; see Lichtenberg, Lachmann, and Fosshage [1992]).

Amanda appeared to feel better once I had heard, understood, and validated her experience (*using the empathic perspective*). Yet she was still consumed by the injury and her particular organization of the event—that is, that I had gone to stare out the window in the middle of her

telling me something important. In my view, my analysand needed to become reflectively aware of this particular pattern of organizing events, along with its historical origins, in order to more fully regain her self-equilibrium and to gradually be able to maintain a reflective perspective when this pattern was reactivated in the future.

Toward that aim, I inquired toward the end of the session if Amanda would like to hear about my experience as to what had prompted my going to the window (*the analyst's self perspective*). Possibly, the discrepancy between our experiences would be useful, I thought, in illuminating her view of the self-involved, uninterested, and rejecting other, and would offer her an alternative perspective. She declined, however.

At the following session, two days later, Amanda repeated that she had not wanted to hear my point of view about this incident, and poignantly remarked, "Jim, do me a favor—when I come into the room, just check your subjectivity at the door."

In this instance, I winced at feeling controlled and negated (*other-centered experience*), and thought to myself that, previously, I (and others) would have experienced her as controlling. While some analysts—approaching the situation from an other-centered perspective—might have experienced the patient as sadistic, especially in the light of her considerable sadomasochistic experience with her brother, I did not experience the tone of her statement as sadistic. Instead, I experienced the seriousness of her request, and at the same time a note of her recognition of the extremity of her statement—to the point of an almost humorous absurdity, nonverbally recognized, I believe, by both of us. This mutual recognition enabled me to "hold" my *other-centered experience* (to "check it at the door") and to respond primarily from within an *empathic perspective*.

With an implicit touch of lightness and humor, I smiled warmly at Amanda and told her, "I will try my best, although it could prove difficult on occasion." Amanda was able to hear that I had grasped her point that her subjectivity needed to take priority at that moment, while I simultaneously let her know that this was not entirely doable (of which, I believe, she was already aware). With relaxation on her part and increased reflective space, we then proceeded to focus on her experience and how precarious she believed my interest in her to be.

Within a few moments, it dawned on me what was occurring when Amanda felt overwhelmed by my subjectivity (*an empathic perspective* combined simultaneously with my *other-centered experience* of feeling like the intrusive other). I then interpreted in a gentle manner, "I think I understand that when I do something suddenly, like go to the window, or bring in my subjective viewpoint, it feels as though I am taking up *all* the space in here, that there is *no* room for *you*, for *your* thoughts and desires, and I sense that you must have felt just that way with your brother."

In this manner I acknowledged my contribution to the patient's experience, noted that it had activated a primary experiential (organizing) pattern, and related its resonance to historical origins. Amanda noticeably relaxed at this point, acknowledging that she thought I was right. Our empathic understanding had deepened immeasurably over my initial understanding of her feeling hurt and rejected by me.

Shortly afterward, Amanda smiled and said, "Now you can let me know what was happening for you at the window." Feeling seen and understood, she could then move on to letting in my subjectivity (*the analyst's self perspective*) without feeling threatened that I would treat her as her brother had. Her warm and open delivery triggered an empathic perspective in me and simultaneously prevented activation of an other-centered perspective (for example, a feeling of being controlled).

Once again, the analysand's delivery was a primary factor in eliciting the analyst's listening perspective. When an analysand is open and vulnerable, as was the case here, an empathic perspective is usually elicited in the analyst. In this case, I explained to Amanda that I had been uncomfortably warm, had assumed that she was, too—for she tended to be warmer than I—and that, since I had thought it would be more disruptive to ask her beforehand, I had quietly gone to the window to adjust the ventilation by opening the window. She smiled and felt reassured in understanding the event in a much less hurtful, rejecting way. Airing the *discrepancies in our experiences* further illuminated the patient's particular organization, as well as serving as the basis for the establishment of an alternative perspective.

Several months later, Amanda all of a sudden recalled that her mother had often stared out the window, oblivious to all around her. This recollection provided a very important, additional historical piece

that closed the loop, as it were, in understanding the particularities of this organized experience as it had been reenacted in the analytic relationship.

THE INFLUENCE OF THEORETICAL MODELS

In addition to different listening/experiencing perspectives, theoretical models profoundly affect the analyst's experience and construction. Even if analysts attempt to listen from an empathic perspective, models can substantially shape an analyst's understanding and explanation of the analysand's experience. A clinically potent theoretical divide, for example, is the framing of an analysand's articulations as an *infantile wish*, as a *controlling, self-sabotaging demand*, or as a *developmental need*.

Consider an analysand's incessant desire for the analyst's love. If the analysand's desire is framed as an *infantile wish*, a wish that is unrealistic and no longer appropriate for an adult, the therapeutic goal becomes the analysand's recognition, acceptance, and ultimate relinquishment of the wish. If the analyst, by using a different model and adding other-centered experience, frames the analysand's incessant desire as a *controlling, self-sabotaging demand*, the therapeutic task is for the analysand to become aware of the self-defeating impact of his or her interpersonal demands, in order to more successfully either renounce or negotiate—depending on the model—his or her desires.

And finally, if the analyst frames the analysand's incessant desire for love as emanating from past thematic relational experience that has thwarted this *developmental need*, the therapeutic task is to legitimize the need to be loved and to feel lovable, and to illuminate the analysand's proneness to feeling unloved based on past experience. This enables the analysand to gradually and reflectively deactivate that pattern of organization so that, in turn, analysand and analyst can sufficiently co-create the developmentally needed experience of feeling loved and lovable, and the analysand can integrate this into his or her self experience.

In this last framing, the analyst, in my view, needs to integrate the other-centered perspective along with the empathic one, and to interpret how the analysand's desperate expressions for love—implicitly con-

veying intense desire as well as a fear of not being loved—can easily be experienced by others as demands and can trigger aversion. In this way, analyst and analysand can begin to make sense of current relational experience.

CONCLUSION

I have proposed that all analysts variably use empathic listening in efforts to understand the analysand's experiential world, the fundamental analytic task. I have argued that empathic listening, through creating a safe reflective space, actually reduces defensive and natural barriers and increases the fluidity between unconscious and conscious processing. While the empathic listening/experiencing perspective, in my view, is the fulcrum for analytic work, additional listening/experiencing perspectives are also required to provide a range of data with which to enhance an overall understanding of the analysand.

I have proposed that analysts need to consciously use the ongoing experiential oscillation between three listening/experiencing perspectives—the *empathic, other-centered, and analyst's self-listening perspectives*—to understand the analysand's experience "from within." This in turn permits an understanding of the analysand's problematic interactions and organizing patterns that encumber relationships, as well as changes within those patterns, and to appreciate who is contributing what in the moment-to-moment analytic interplay. To assess which interventions will be facilitative for the analysand at any given moment, I believe, requires an overriding empathic perspective in the attempt to anticipate and understand the meanings that a particular intervention might have for the analysand.

I have also argued that the analyst's use of an overriding empathic perspective, combined with the frequent use of the other-centered perspective and the analyst's self-listening perspective, enhances use of the analyst's subjectivity, increasing the range of the analyst's ability to listen and respond to the analysand in facilitating the analytic process as well as the analysand's psychic expansion and development.

In addition to listening perspectives, psychoanalytic models provide fundamentally different and often incompatible understandings of

human experience. The pluralism of psychoanalytic models today provides us with many exploratory and explanatory choices, and our decisions about these profoundly impact our empathic listening and interpretive constructions.

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