

# THE ROLE OF EMPATHY IN SELF PSYCHOLOGY AND EMOTION-FOCUSED THERAPY

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Process-Experiential Emotion-Focused Therapy (PEEFT) combines elements of client-centred, gestalt and existential therapy in an evidence-based approach to psychotherapy (Greenberg 2010, p39). Empathy is given a significant role in PEEFT, in both establishing a positive therapeutic alliance (Elliot, Watson, Goldman & Greenberg 2004, p144), and also as the most appropriate intervention when a client is exhibiting fragility, shame, hopelessness or other feelings of vulnerability (Elliot et al 2004, p133).

Attachment research shows that our patterns for processing experience, including the capacity for emotional self-regulation, develop in our early attachment relationships (Schorer 2003, p63). PEEFT is informed by attachment theory, and recognises the centrality of caregivers' empathic responsiveness in infants' emotional development (Greenberg 2002, p285).

Empathic responses can take various forms within PEEFT, such as empathic understanding, evocative reflection, experiential formulation and empathic conjecture (Elliot et al 2004, p118). PEEFT recognises that empathic responses must be genuine, understanding, and emanate from the therapist's inner experience of the client's mental and emotional state (Elliot et al 2004, p114).

Self Psychology is a psychodynamically-based treatment which aims at repairing and building the client's sense of self. Kohut deviated from Freud in 'The Analysis of the Self' (1971) when he identified that humans need "particular types of relational experiences for optimal development" (Lessem 2005, p6), and he termed these 'selfobject experiences', because in them he said the parent is functioning as an extension of the child's self, and over time the child internalises this experience to gradually build a sense of their own separate self.

In 1959 Kohut identified empathy as the major tool of psychoanalysis, one in which the analyst experiences "long-term empathic immersion (in the patient's) psychological field" (Rowe & MacIsaac 1989/2004, p18), in order to make possible the emergence of the patient's specific developmental needs, or selfobject transferences.

Hence, in Self Psychology, empathy serves not only to establish a trusting therapeutic alliance, but also to repair and rebuild the client's wounded self. With severely traumatised clients, a Self Psychologist will provide a great deal of empathic attunement to the client's affective experience, and will focus particularly on disruptions and repair in the therapeutic selfobject bond (Lessem 2005, p157).

How does this compare with PEEFT's approach to the use of empathy? Elliot et al recommend providing a "non-intrusive empathic presence... offering validation, understanding and acceptance" (2004, p132) whenever a client is in a vulnerable or fragile state. The aim is to offer a soothing and understanding response, which will help the client tolerate their feelings, and learn to gradually accept and soothe those parts of themselves. This sounds very akin to providing a 'selfobject function' in Self Psychological terms.

So where does the difference lie? One difference seems to be that Self Psychology places greater emphasis on the therapeutic relationship as the regulator of the client's affects, and believes that, by holding and regulating the client's affective experience, the therapist acts "at nonverbal levels beneath conscious awareness, to co-create states of maximum cohesion" (Schoore 2002, p443).

In Self Psychology, empathy provides regulation of negative affects in the form of soothing, as well as regulation of positive affects in the form of vitalisation (Lessem 2005, p37). The empathic mirroring of positive affects is seen as crucial in helping children (and clients) consolidate an internal state of cohesion, and is particularly important in the narcissistic stage of development, when grandiosity can become defensive if it is not validated and accepted by caring others (Lessem 2005, p20).

Hence, Self Psychology recognises empathic validation as a primary technique to be used in both negative (vulnerable) and positive affect states. It also recognises an unconscious, non-verbal, implicit level in the therapeutic relationship, which is seen as providing an on-going selfobject experience in which the client finds the safety of what Stolorow calls a "relational home" (Stolorow 2007, p49).

Greenberg's model of emotion coaching seems pitched towards a different client group, or perhaps at a different level within the client. He suggests the therapist needs a balance between "*understanding* responses, which convey compassion and provide emotional holding, and *exploratory* responses, which promote differentiation, discovery, and the creation of new meaning" (Greenberg 2002, p77; italics original).

Greenberg explains how PEEFT goes beyond empathy into leading the client, when appropriate, by "entering a conversation... about how best to deal with this feeling" (2002, p79). PEEFT practitioners focus on creating a new experience by offering the client new options, questions and understandings on how they manage their affects. This engages the conscious (or adult) part of the client in learning how to "feel and deal" (Fosha 2000, p42) with their experience in a more adaptive way.

While not disregarding the importance of empathic attunement and a supportive therapeutic relationship, PEEFT suggests these should provide a facilitative context in which to make sense of emotions through "awareness, expression, regulation, reflection, transformation and corrective experience" (Greenberg 2002, p35).

Greenberg's techniques for regulating emotion, such as identifying triggers, establishing a working distance, self-soothing, breathing and distraction (Greenberg 2002, p36), seem highly applicable to people who have sufficient functionality or self-cohesion to engage in an adult way with their emotional experience. PEEFT's effectiveness has been validated in numerous randomised clinical trials (Greenberg 2010, p32), demonstrating that its combination of understanding and exploration works well with the bulk of the population.

I believe the more extensive use of empathic mirroring in Self Psychology, and the attendant focus on "rupture and repair experiences" (Lessem 2005, p157), reflects the needs of the population for whom this treatment was devised: people with a "narcissistic disorder of the self" (Rowe and MacIsaac 1989/2004, p75-6). Such individuals tend to fragment easily, can be extremely sensitive to slights, and often feel depleted or grandiose.

As this group of clients generally responds better to a slow, affirming therapeutic process in which gaining stability and self-cohesion is the primary goal, it might be said that they always present with some degree of vulnerability, and therefore an attuned PEEFT practitioner would offer empathy as the appropriate response.

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