

Chapter 4 From an Empathic Stance to an Empathic Dance: Empathy as a Bidirectional Negotiation

Lynn Preston, M.A., M.S. and Ellen Shumsky, M.S.W.

“When this therapy is over, I want us to always be friends. This is not a fantasy or a wish. It's something I really want, that I think can really happen.” For two years Susan had been pressuring her therapist for in-the-moment, spontaneous interaction and personal self-disclosure as a requirement for a selfobject relationship. The process of this treatment highlights the struggle of analyst and patient, working within an expanding self psychological frame, to find a meeting place. The analyst is caught between an eagerness to experiment with personal engagement and a conservative professionally trained cautiousness (resonating with early organizing beliefs) that prohibits spontaneity and personal self-disclosure. The patient, naive to psychotherapy, has no interest in interpretation and will settle for nothing less than an immediate engagement that requires expression of the analyst's subjectivity.

We embed the presentation of this treatment in an exploration of the expanding nature of empathic responsiveness as we consider more fully the implications of working within a mutually interactive system. In our earlier paper (**Preston and Shumsky, 2000**) we discussed the bidirectionality of selfobject experience, rupture and repair, impasses, and optimal responsiveness. With this article we are entering the

- 47 -

dialogue that addresses the multidimensional co-constructed nature of empathy. As Sucharov (**1996**) puts it, “Understanding of the other and being understood by the other is an indivisible process that is mutually regulated on a moment to moment basis” (p. 1). Instead of the idea of an empathic stance that implies the idealization of unwavering attention to the patient, we expand on Sucharov's metaphor of an empathic dance, which captures the flavor of bidirectionality inherent in a broadened understanding of therapeutic process.

As self psychology theory and practice is critiqued, refined, and expanded—integrating understandings from systems theory, infant studies, attachment literature, relational and object relational psychoanalytic literature, and postmodern epistemology—its central themes of selfobject experience and the empathic stance are undergoing shifts and changes. The concept of the selfobject transference and selfobject experience is broadened to include a dimension in which patient and analyst are moving toward intimate connectedness through mutuality and sharing. Brothers and Lewinberg (**1997**) describe *bilateral healing*. Jacob (**1998**) writes about *subject to subject relating*. Preston (**1998**) introduces the term *expressive relating*. Shane, Shane, and Gales (**1997**) discuss two dimensions of psychoanalytic intimacy: a *self-transforming* dimension and an *interpersonal sharing* dimension. All are referring to an analytic participation that requires a different kind of empathic responsiveness than sustained empathic inquiry—

one that includes the articulation and expression of the analyst's subjectivity.

As the concept of selfobject experience expands to reflect the bidirectional nature of psychoanalytic engagement, so does the concept of the empathic mode. The centrality of empathy is a primary focus of attention for self psychologists trying to retain the clinically powerful fulcrum of empathic responsiveness as an analytic home base in a mutually regulated interaction. Heightened attention is being focused on the bidirectional participation that co-creates the experience of empathy. Vicarious introspection or the empathic stance are concepts that convey a unidirectional flow of attention from analyst to patient. Sucharov (1996), pressing for a bidirectional understanding of empathy, characterizes empathic immersion as “a reification of the experience of the isolated mind of the therapist wandering around in the subjective world of the patient” (p.2).

In a relational psychoanalysis, empathy is understood as a co-created web of meanings that are negotiated moment-to-moment, weaving the fabric of a new relational experience. Mutually regulated empathic understanding is a process in which each member of the

- 48 -

analytic couple struggles to make herself understood to the other.¹ As therapist and patient move toward intimacy, both struggle with the foreign understandings and presuppositions of a differently organized subjectivity. Both stretch to make a bridge to the other's world of meanings. Both struggle to embed communications in a form that is understandable to the other. The negotiation of meaning making is an inevitable feature of empathic communication. We are thus broadening the meaning of empathy. In addition to the traditional understanding of empathy as something that one person does to or for another (i.e., putting oneself in the other's shoes), we see it as a bridge between two subjectivities—a feature of emotional connection.²

The therapist's participation in an empathic dance shifts between attention to the patient, the analyst, and the dyad (Sucharov, 1996). Instead of sustained immersion in the patient's meanings, there are departures from and returns to a focus on the patient's experience. (Fosshage, 1997, refers to these departures as “other centered listening.”)

The repertoire of movements in an empathic dance extend along and above a bipolar continuum. At one end are empathic responses focused on the analyst's grasp of the patient's self experience, which may leave out the central personal concerns of the analyst. At the other end are the analyst's authentic responses, which can leave out relational concerns for the patient. Above is the metaperspective from which the dance can be observed. Although there is always a mix of personal and relational elements to the analyst's experience, the movements on the continuum are guided by the analyst's ongoing commitment to making a bridge to her patient.

The idea of the empathic dance addresses the dialogue between self psychologists and interpersonal relationalists about the centrality of empathy versus authenticity, which has for some years been at the heart of vigorous, occasionally acrimonious debate. A discussion about the nature of the experience of authenticity, which we believe is intersubjectively determined, goes beyond the scope of this article. As Mitchell (1993) points out, “Authenticity for the analyst as well as for

1 field:footnotes Historically, meaning making has been the province of the therapist. Aron (1996) points out that it has always been the therapist, not the patient, who makes interpretations. The patient contributes associations. An empathic dance implies a reciprocal process in which both contribute their associations and both contribute their interpretations of those associations field:

2 field:footnotes We want to make a distinction between the negotiation of meaning making, which is an inevitable process in a co-constructed empathic connection, and Benjamin's (1995) idea of mutual recognition as a developmental achievement, which refers to a particular kind of relatedness entailing reciprocal willingness to know the unique subjectivity of the other. field:

- 49 -

the patient is essentially ambiguous, more discernable in its absence than in its presence” (p. 149). For the purposes of this discussion we will use the term *authenticity* as it is used in the interpersonal literature, first introduced by Fromm, who was convinced that patients come to analysis largely in search of frank and honest responses about their impact on the analyst (Mitchell, 1993).

Interpersonal relationalists have been critical of self psychologists for putting their own subjectivity aside. Bromberg (1989) eloquently denounces the straitjacket of a rigid adherence to the empathic stance: The most the analyst is allowed to reveal of himself from the empathic/ introspective stance is a kind of quasi-apology for having failed to be sufficiently empathic and a rectification of the ‘imperfection’ by admitting it” (p. 286). Likewise, some self psychologists have criticized interpersonalists for losing sight of the developmental needs of the patient in their eagerness to be authentic. Teicholz (1999) writes, “Ignoring their patient's states of nonrecognition, relational and interpersonal authors encourage analysts *generally* to expose patients to the reality of their analyst's distinctive otherness” (p. 10). As self psychologists make a place for spontaneous interaction and the analyst's subjectivity and personal expressivity, some interpersonal relationalists are moving in the direction of making a theoretical place for the sometimes necessary containment of the analyst's subjectivity. Slochower (1996) writes, “I believe that the holding process is essential when the patient has intensely toxic reactions to knowing the analyst and is therefore not yet able to stand a mutual analytic experience” (p. 323).

The idea of the empathic dance is an attempt to bridge the gap between empathy and authenticity. While retaining a primary focus on the patient, we want to make more room for the important contribution of the analyst's thoughts and feelings.

The following case presentation illustrates one analyst's (E. S.) struggle to shift from an empathic dance. Although it describes a psychoanalytically informed psychotherapy, we believe that the theoretical ideas offered in our discussion of an empathic dance are applicable to both formal psychoanalysis and psychoanalytic psychotherapy. For the purposes of our discussion, we use these terms interchangeably.

Clinical Case Presentation

Susan is a 40-year-old single mother whose life had been consumed by the struggle to successfully parent her daughter. She started therapy when the child became an increasingly independent teenager. Susan had been experiencing a haunting background

feeling of empty

- 50 -

unlovableness, which she had been able to ignore while caught up in the overwhelming responsibilities of being a single mother. But with her daughter preparing to leave home for college, she could no longer deny a deep yearning for a romantic relationship, along with a powerful conviction that no one would ever choose her.

Susan remembered little of her childhood. Her parents divorced when she was four. Her father went through the motions of custodial visits, and Susan experienced him as “a stranger.” Her mother was depleted and distracted and collapsed into fearful expressions of dire outcomes when Susan was anything but compliant. During much of her early life, Susan was looked after by her maternal grandmother about whom she recalled little, other than sleeping with her and feeling good about the warm physical contact. She was an overprotected child with no extended family and no friends until the age of 10 when she made her first best friend. A model scene of sitting side by side with this friend and feeling “just right” was her referent for selfobject connection.

Within three weeks of starting treatment, Susan began to speak of yearning for comfort and closeness with me (E. S.). She wanted these longings to go away because she was sure no good could come of them. She believed they would inevitably lead to traumatic rejection and a painful confirmation of her essential unlovableness. She eagerly drank in accepting empathic responses but was not interested in historical reconstruction. She experienced genetic interpretations as blaming of her mother and held fast to a belief that her “overintense” needs and affects were a genetic defect. She said that understanding the past did nothing to change her dangerous and unwanted feelings. Her occasional polite consideration of my interpretive comments had little to do with content, which to Susan seemed patently useless. Rather, it appeared that her acceptance was a vehicle through which she could express her desire to join me in my world where constructed understandings were valued. Her own view of her feelings was that they were “inappropriate” and “out of control.” As Susan said, “For me, feelings become actions.” She could either try to deny them, or she could act them out. Containment of affect was unknown territory.

As a nonjudgmental place was made for her longings, she became progressively emboldened. She began to speak of her experience of my inaccessibility. She saw the therapy relationship as embodying a double standard in which she was naked and I clothed. Without knowledge of me, I seemed like a stranger. She wanted to change “the rules” in the direction of mutuality, which she believed would foster a closer connection. My focus at this point was to attempt to understand why it was only through mutuality that Susan felt she could have a close

- 51 -

bond. She took it completely for granted that the fabric of intimacy was woven solely from threads of mutuality. I believed that she wanted to avoid experiencing me like her father—the “stranger”—or like her mother who kept herself apart as an anxious authority figure. But these “dread to repeat” interpretations were absolutely meaningless to Susan. She was talking about experienced facts of relational life—that back-and-forth sharing

creates closeness—and I was offering interpretations about a past she hardly remembered and that seemed to be of no significance to her current situation. I experienced her as pleading for a twinship selfobject experience.

She began asking for more personal responsiveness from me. She wanted to know what I was thinking or feeling. She wanted to know about holiday and vacation plans. Here, I began to feel intrigued by the demands for a more relational treatment (which is what I had been writing about) but was sometimes uncomfortable and uncertain about what to share and what to withhold. My hesitancy was upsetting to her. I said that I was willing to experiment with expressing more of my personal self but that it was an unfamiliar and sometimes unbalancing way of working. She was pleased that I was open to being influenced by her needs and was hoping that I would enjoy the adventure.

As we proceeded, she began to note how different we were. Her feelings were immediate, intense, and hard to contain. Mine seemed to be slow, muted, and cautiously articulated. She implicitly knew that I did not viscerally grasp her frequent, familiar, and frightening experience of emotional flooding. Now began a series of enactments in which she seemed to be further testing the boundaries of our relationship. On one occasion she got up and stood next to my chair as we reviewed our financial arrangements. She spoke of how the physical closeness created emotional closeness. She brought in family photographs and invited me to sit next to her on the couch to view them, which I did. She said she wanted me to conduct sessions sitting side by side with her on the couch. I told her I wouldn't be comfortable with that. She then spoke of wanting me to hold her in my arms when she cried. I told her I could sit closer or hold her hand but would not feel comfortable holding her in my arms. She began to speak about the need not to discomfort me. She could not explain it in words, and none of my attempts to capture it in words really resonated for her, but there was some huge inchoate sense of danger in discomforting me. She finally asked why I would not feel comfortable holding her, and after considerable thought, I explained that, while I felt secure dealing in the emotional realm, I was inexperienced and uncertain about dealing with the complexities of body contact. She said, "That's good. It seems honest." I trusted her response, especially when she agreed to continue

- 52 -

weekly sessions, paying out of pocket, though her managed care mental health benefits ended. This meant most of her discretionary income would be directed toward therapy. I knew that, for Susan, actions spoke louder than words.

She began to ask for more detailed information about my family. I struggled with where to draw the line. I thought of a colleague who had to terminate an up till then successful analysis because his analyst disclosed personal information that confirmed his worst transference fears. Somehow I managed to give Susan enough information to satisfy her need for mutuality, but not so much that I felt overexposed.

In this phase of the treatment I believed that Susan's requests for more personal expressiveness from me were motivated by developmental longings that emanated from the mobilization of a twinship selfobject transference I wanted my participation to be shaped by her needs and to be usable by her. She seemed to be saying, "Be who I need you to be; don't just interpret it" (Bacal, 1988, p. 130). I was also particularly aware of

my own requirements for authenticity. I wanted to be flexible and open to Susan's influence, without exceeding the boundaries of my sense of personal integrity. I welcomed the complex challenge of deciding moment-to-moment how to navigate between the vicissitudes of empathy and authenticity. And Susan seemed enlivened by the challenge of struggling session-by-session, incident-by-incident with mutual regulation and the task of making a bridge between such differently organized subjectivities. We were working at crafting a partnership that was genuine and that didn't require Susan to leave out major parts of herself.

As she felt more connected to me, she started to tell me about what therapy meant to her. She said, "These are the ways therapy has helped me: I see how the things I imagine people will feel is not what they feel; I am more able to express my feelings in words; and I see that feelings change. But that's not why I come. I come because it feels good. It gives me something missing in my life—intimacy." This preamble ushered in the crisis that ensued when she spoke the words that began this article: "When this therapy is over, I want us to always be friends. This is not a fantasy or a wish. It's something I really want, that I think can really happen."

My reaction was a clutch of anxiety. I had feared that mutuality would lead to this moment. It felt as if she were asking me to promise her a nonsymbolic, nonanalytic companionship that felt outside of the framework of our relationship. I tend to be scrupulously honest about my commitments. I sensed that there was a more graceful way to handle this, but in the moment I couldn't imagine what it might be. I rushed in to foreclose disaster without even exploring her wish: "I am your

- 53 -

therapist, and some day this will end, but only when you are ready. And I will always be your therapist. This is a forever thing. I will always care about you, and you can always turn to me for help or to share the good things that happen in your life."

In the next session I had calmed down a bit and attempted to explore the meanings for Susan of what had happened.

Susan: I feel very sad. I don't want to be close to you because this will end. You are special to me, and I am not special to you in the same way. I want to be your friend, and you don't want to be my friend. I was thinking that I don't want to stay in a relationship that will only cause me pain. But then I thought about my friends who moved away. I didn't want them to do it, but they did it. It wasn't that they didn't care for me. I thought that's what happens in relationships. It's a risk. Usually if I want love and someone wants friendship, I just cut off. But I thought I won't do that with you. I won't leave you. I'll deal with it in a new way. But something has to change. I don't want to be close to you—to think about you all the time if I can't have you always as my friend. I don't want to do this on your terms—coming every week, and talking about us. I want to come every other week and I want to know if that's ok.

Ellen: I understand why you want to distance to protect yourself from pain, and I also feel uneasy that you will leave important parts of yourself out of our relationship and our work together.

In her next session Susan was angry.

Susan: On the weekend, I was walking in the park, and I saw a man wearing a T-shirt with a message on the back that said, "*Keep Back Two Hundred Feet.*" It reminded me of you. I am realizing that there are no rules about what therapists can do. Some go to client's birthday parties. Some say, "I can't work with you anymore because of philosophical differences." What you are doing is not about you professionally. You can do whatever you want to do, and you are keeping me back 200 feet and always have. Whenever I ask about you, you hedge.

She has been very effective. I really get what it is like for her in relation to me.

Ellen: You are trying to get close, and I keep pushing you back. If I were in your place I would see it and feel it exactly as you do.

- 54 -

Susan: How do you see it from your place?

Ellen: I am trying to help you heal in the best way I know how. I struggle with what I hope will be best. (I am feeling my response as effete and insufficient, relative to the intensity of her expressed feelings. I am at a loss as to how to handle this impasse. I think to myself, "Stay with your feelings." Suddenly a wave of sadness washes over me. My eyes fill with tears.) I feel sad. What's happening between us makes me so sad.

Susan: You're crying. Now I feel bad. (I'm concerned that I am responding like her collapsing mother.)

Ellen: It's okay that I'm feeling sad. It's a feeling like any other feeling.

Susan: I don't like to feel sad, and I don't like you to feel sad. I made you sad.

Ellen: No. The sad is about us. We make it together. Part of it is in me.

Susan: I don't know what to do about our conflict.

Ellen: Maybe we just need to keep talking about the feelings that come up in this conflict. I just found sad feelings I didn't know were there. If we keep talking we may find more feelings.

Susan: I don't know what else to do, so I guess we'll talk some more.

Susan was supposed to call me on a particular evening to schedule our next session.

When I didn't hear from her, I made a conscious decision to call her because I sensed that this might be a test that I wanted to pass.

Susan: Thank you for calling. It feels good that you are wanting me. I feel better about us. I felt that you really did care when you got sad and cried. I didn't know that before.

Ellen: You helped me find my sad feelings by telling me how distant I seemed from you.

Susan: And your sad feelings helped me to realize that you do care. How do you feel about my cutting down to every other week?

Ellen: I understand that you need to protect yourself and that money is a real issue for you. But in the best of all possible worlds, I would like it if you were coming weekly, because there is more continuity and I think the work proceeds better.

Susan: I am fine with the continuity of every other week. It feels better to not be wanting you all the time and be all sad and miserable. I have taken control and I am doing what is best for me. You once said that understanding where feelings come from can make them more bearable. But that's not true for me. What has changed my feelings here is talking

and talking and talking about them.

- 55 -

Ellen: I can see how every other week is optimal for you. You are not so close that you feel the pain, but you are close enough to be able to talk and change.

Susan structured the next couple of sessions around extra-therapy concerns. I did not challenge her expressed desire to control the distance between us. After the Thanksgiving weekend, Susan once again risked personal engagement by asking me how I had spent my holiday. I told her I had celebrated at home with family and friends and that it had been a particularly meaningful occasion because I had arranged for my father to be brought home from the nursing facility where he lives. She then wanted me to give details about the other guests at my celebration. I told her I didn't feel comfortable answering that question. Once again, she felt pushed away by me, and we are now in a process of exploring and negotiating her ability to pursue her curiosity and my willingness to be more open than I usually am, while retaining the option of saying no. This negotiation process, although similar in content to the friendship issue, has a different flavor. We have funded the ability to begin to talk about the struggle between her need for connection through personal sharing and my need to safeguard my integrity by being able to choose what I share. Several weeks after the incident, she resumed weekly sessions.

Discussion

We would like to start this discussion by summarizing how this case might be understood from the perspective of an empathic stance and its concerns, which include immersion in the patient's experience, understanding and explaining, and cycles of rupture and repair.

We will then consider what a bidirectional view of empathy might add to our understanding of this process. We are not suggesting that greater self-disclosure on the part of the therapist is universally mutative or that it is a prerequisite for mutually constructed empathy. Every treatment is uniquely co-constructed by the particular needs and proclivities of the participants. We are, however, advocating for a broader range of acceptable therapeutic responsiveness.

From the perspective of an empathic stance, Ellen's consistent reliable efforts to understand Susan's inner world succeeded in mobilizing a selfobject transference in which Susan's unmet developmental needs came to the surface. In Anna Ornstein's (1985) language, "The deepening of the treatment process is evidenced by the expansion of the patient's needs, wishes, fears, expectations and fantasies, which move more freely into awareness and become expressed in the transference" (p. 55). Ellen understood the intensification of the patient's needs as

- 56 -

longings for something she never experienced with her parents. As Susan felt held by Ellen's understanding, the pressure of Susan's archaic needs mounted, climaxing in Ellen's countertransference reaction to Susan's desire for forever friendship. In this rupture, Susan felt her hopes for a new beginning dashed. She was experiencing a painful evocation of early feelings of unwantedness and was mustering a defensive retreat. Ellen

had an empathic grasp of the protective function of the retreat and continued to invite expression of Susan's feelings. The rupture was repaired. In this model, Ellen's countertransference reaction is understood as a personal lapse in empathic attunement—an inability to decenter, which introduces a rupture in the selfobject dimension of the treatment.

Seen through a bidirectional lens, where empathic understanding is a negotiation of meaning making, we see two people engaging in repeated struggles to connect with each other despite different emotional makeups and different ways of organizing experience. Instead of seeing one person immersing herself in the experience of another, we see two people struggling to negotiate a meeting place. When Susan expressed her desire for lifelong friendship, it carried the meaning for her of a long cherished curative fantasy. She pictured the model scene of a side-by-side sharing with her 10-year-old best friend that symbolized intimacy and care. For Susan, forever friends meant a continuity of caring. For Ellen, this image conjured up a sense of alarm as she pictured an antitherapeutic acting out, far beyond the pale of acceptable analytic practice. She envisioned Susan wanting to exact a commitment for a future of talking on the phone regularly, going on outings together, and sharing holidays and vacations. Ellen attempted to nip this travesty in the bud, and Susan was devastated. As they attempted to navigate this impasse, Susan's forthright passionate expression of anger opened Ellen's vision and enabled her to grasp, in an emotional way, the pain that the limitations of the analytic environment caused Susan. As Ellen responded more emotionally, she discovered a less concrete meaning of friendship—reciprocal emotional availability. In Susan's openness to try a new way and, instead of bolting to bring her angry feelings to Ellen, she discovered the feeling of caring in a package that she hadn't expected—reciprocal emotional availability. Her meaning of caring had expanded, and Ellen's meaning of friendship had expanded. In this narrative, Ellen's countertransference reaction is not seen as a lapse, but as a flare-up in an ongoing dynamic struggle of two differently organized subjectivities to find a meeting place.

We view this analytic couple to be engaging in the pushes and pulls of mutual regulation that we have called “the development of the dyad” (**Preston, 1998**). In our earlier paper we presented the idea that each

- 57 -

member of an analytic dyad pushes the other to move beyond impasse generating limitations, in order to expand the relational universe cocreated and co-inhabited by the pair. The ultimate goal is to create an intersubjective field that makes a place for broadened self-experience.

Affect is central to empathic connection. Stolorow, Brandchaft, and Atwood et al (**1987**) detail how the “need for selfobject ties pertains most centrally to the need for attuned responsiveness to affect states in all stages of the life cycle” (p. 66). If affects have not been integrated and modulated in a responsive parental surround, the person may experience them as dangerous and potentially traumatic because they can threaten precarious self-cohesion. When affects portend selffragmentation, they will be defensively “dissociated, disavowed, repressed, or encapsulated through concrete

behavioral enactments” (Stolorow et al., 1987, p. 72). It is this last path of self-protection— behavioral enactments—that has become Susan's signature response to her own powerful unmodulated feelings. Susan experienced her affectivity as too much, too big, and often relationally “wrong.” She felt herself as “strange,” different from others, not made of the same stuff inside. She needed Ellen to accept and contain her feelings, and also to demonstrate that she could participate with Susan in a shared emotional world. Susan experienced feelings as overwhelmingly disruptive internal events to be avoided, if possible, by controlling interpersonal distance. If not avoided, feelings would be immediately acted upon to forestall an experience of self-fragmentation. For Ellen, feelings are elusive and complex. They must be sought, carefully understood, and cautiously expressed. Susan wanted more personal spontaneous emotional expressivity from Ellen in order to feel the closeness and alikeness she sorely needed. Ellen wanted to introduce into their relational universe more self-reflection and interpretation, her signature style for processing feelings and one that has been sanctioned by the psychoanalytic theory around which she has organized her practice. One of Ellen's tasks was to understand and communicate her understanding of Susan's hope for a new relational experience in which her passionate intense self could find a comfortable home. Moreover, she had the additional task of extending her responsive capabilities to create a bridge between Susan's world of affective intensity and immediacy and her world of contained, cautious, intellectually processed affect and self-expression. A prominent feature of this case is Susan's relentless pressure for more personal engagement from Ellen. One way of understanding this is that Susan needed to keep pushing Ellen beyond the limits of her comfortable self-containment in order to have more of an experience of the side by side, “just rightness”—the twinship that is the carrier for

- 58 -

her of selfobject connection. But from Susan's perspective, Ellen is also pushing— pushing her toward self-reflection and talking about her feelings as an alternative to enacting them. Susan had been becoming aware that her presupposition that she had to either be tortured by the humiliation of caring about someone who didn't care about her or flee from the situation altogether led to a blind alley. Susan was able to successfully push Ellen to be more like her when she did not cut off from the relationship but instead, contained and expressed her anger in words: “You always keep me back 200 feet” (words are Ellen's way). When Susan spoke her language, Ellen emotionally got it and spontaneously cried (Susan's way). In this aspect of the analytic dance, the empathy has been bilateral. Their dialogue has been a struggle for each of them to understand and meet the other.

We would like to look at the negotiation of control in relation to the empathy/authenticity continuum we introduced above. Susan's lived experience was that to make a bond with another she had to submit to their control or find the twin who would want what she wanted. She also felt that she had to keep strong controls on herself or disaster would surely ensue. In this dimension of the therapeutic dance, there is a negotiation about who will define the “rules” of treatment. Susan has been divining the implicit rules governing

her interactions with Ellen—that she expose her shameful and dangerous feelings—and Ellen understands from behind the armor of anonymity. Susan finds these rules to be unsatisfactory and challenges Ellen to play by her rules of mutuality: ‘I’ll show you mine if you show me yours.’ Ellen agrees to experiment with Susan’s rules and proceeds tentatively. When the selfobject bond is eventually ruptured by Ellen’s negative response to Susan’s plea to be friends always, it is because Ellen is overwhelmed by her own associations. She finds herself at the extreme authentic end of our continuum, having completely lost grasp of the patient’s meanings. Susan, feeling cut loose from empathic connection, takes control of their relationship by deciding to come every other week. Ellen’s response—“I understand why you want to protect yourself, and I also feel concerned that you will leave important parts of yourself out of our relationship and our work together”—is both empathic to Susan’s felt need for distance and also true to her own concern as a caring professional. It is in the middle range of our continuum. If Ellen had offered a purely authentic personal response, she might have said, “I feel punished or pushed away.” If she had offered a purely empathic response, it might have been, “I can appreciate your need to protect yourself when you are feeling hurt.” In the middle range, the analyst attends to her own experience (personal and/or professional), as well as to that of her patient. Ellen responds from a metaperspective when

- 59 -

she suggests that her sadness is not created by Susan but is a coconstruction growing out of Ellen’s subjectivity and the impact of events between them.

Conclusion

The idea of an empathic dance seems an apt metaphor to capture the flavor of working interactively in a self psychological analysis. The analyst, in response to the patient’s selfobject needs, moves between a focus on the patient (empathy), a focus on herself (authenticity), and a meta-focus on the mutual regulation of the analytic dyad. The process is one of negotiating meaning making.

We use a clinical case presentation to demonstrate that the analyst’s participation in the empathic dance includes (1) an openness to her having her emotional convictions challenged, a willingness to open to the surprise of discovering something new about life through an intimate encounter with another person; (2) an ability to engage in emotionally affecting relational experiences; and (3) a fluid movement on the continuum of empathy and authenticity.

References

- Aron, L. (1996), *A Meeting of Minds: Mutuality in Psychoanalysis*. Hillsdale, NJ: The Analytic Press.
- Bacal, H. (1988), Reflections on “optimal frustration.” In: *Learning from Kohut: Progr. Self Psychol.*, Vol. 4, ed. A. Goldberg. Hillsdale, NJ: The Analytic Press, pp. 127-131.
- Benjamin, J. (1995), *Like Subjects, Love Objects: Essays on Recognition and Sexual Difference*. New Haven, CT: Yale University Press.
- Bromberg, P. (1989), Interpersonal psychoanalysis and self psychology: A clinical comparison. In: *Self Psychology: Comparisons and Contrasts*, ed. W. Detrick & S. P.

Detrick. Hillsdale, NJ: The Analytic Press, pp. 275-291.

Brothers, D. & Lewinberg, E. (1997), The therapeutic partnership: A developmental view of self psychological treatment as bilateral healing." Presented at the 22nd International Conference on the Psychology of the Self, Toronto, October 1999.

Fosshage, J. L. (1997), Listening/experiencing perspectives and the quest for a facilitating responsiveness. In: *Conversations in Self Psychology, Progr. Self Psychol.*, Vol. 13, ed. A. Goldberg. Hillsdale, NJ: The Analytic Press, pp. 33-55.

Jacobs, L. (1998), Optimal responsiveness and subject to subject relating. In: *Optimal Responsiveness: How Therapists Heal Their Patients*, ed. H. A. Bacal. Northvale, NJ: Aronson, pp. 191-212.

Mitchell, S. (1993), *Hope and Dread in Psychoanalysis*. NY: Basic Books.

Ornstein, A. (1985), Clinical understanding and explaining: The empathic vantage point. In: *Progr. Self Psychol.*, Vol. 1, ed. A. Goldberg. New York: Guilford Press, pp. 43-61.

- 60 -

Preston, L. (1998), Expressive relating: The intentional use of the analyst's subjectivity. In: *Progr. Self Psychol.*, Vol. 14, ed. A. Goldberg. Hillsdale NJ: The Analytic Press, pp. 203-218.

Preston, L. & Shumsky, E. (2000), The development of the dyad: A bidirectional revisioning of some self psychological concepts. In: *How Responsive Should We Be? Progr. Self Psychol.*, Vol. 16, ed. A. Goldberg. Hillsdale, NJ: The Analytic Press, pp. 67-83.

Shane, M., Shane, E. & Gales, M. (1997), *Intimate Attachments: Toward a New Self Psychology*. New York: Guilford Press.

Slochower, J. (1996), Holding and the fate of the analyst's subjectivity. *Psychoanal. Dial.*, 6:323-354.

Stolorow, R. D., Brandchaft, B. & Atwood, G. E. (1987), *Psychoanalytic Treatment: An Intersubjective Approach*. Hillsdale NJ: The Analytic Press.

Sucharov, M. S. (1996), Listening to the empathic dance: A rediscovery of the therapist's subjectivity. Presented at the 19th Annual Conference on the Psychology of the Self, Washington, DC, October 16.

Teicholz, J. G. (1999), The analyst's empathy, subjectivity and authenticity: Affect as the common denominator. Presented at the International Conference on the Psychology of the Self, Toronto, October 30.

- 61 -

Preston, L. and Shumsky, E. (2002). Chapter 4 From an Empathic Stance to an Empathic Dance. *Progr. Self Psychol.*, 18:47-61