Use and Impact of Empathic, Other-Centered, and Self Listening/Experiencing Perspectives in Analytic Group Psychotherapy

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Before I begin to discuss my topic, the use and impact of listening/experiencing perspectives in analytic group psychotherapy, I wish to tell you how I came to value group therapy. When I began analytic training at the Postgraduate Center for Mental Health, New York City, at the age of twenty-eight, I looked for a training analyst who ran groups. Dyads were comparatively easy for me. Groups were more difficult. I had several consultations with Helen E. Durkin, PhD, the author of The Group in Depth, one of the first major books on analytic group therapy published in 1964. I read her book and was quite impressed with it. For those of you who knew her, the story I am about to tell will come as no surprise.

Unfortunately my parents had died when I was relatively young. A former analyst of mine had also died just as I was transitioning to another analyst. At the time of my consultation, Helen was in her mid-seventies. At one point I openly expressed my anxiety about her age, “Helen, I’m afraid that you will die on me before I finish my analysis.” She retorted, “Well, Jim, it is true that I am getting up there in years, but I am in good health and very well might outlive a lot of those young whipper snappers.” With vitality, authenticity, and directness of that order (most unusual in the heyday of ego psychology), I knew she was my gal. And, fortunately, she was right, for she remained spry and healthy for my analysis and for sometime thereafter. It is most fitting and meaningful to me to dedicate this chapter, as I did my keynote address, to Dr. Helen Durkin.

For almost two decades I (1995, 1997b, 2003, 2011a) have focused on the listening perspectives of analysts, drawing on Kohut’s (1959, 1982) conceptualization of the empathic mode of observation and adding my conceptualizations of the other-centered and analyst’s self listening/experiencing perspectives. In my view, analysts, knowingly or not, variably oscillate between these three perspectives as they attempt to understand and respond to their analysands. In addition, I have posited that these three listening/experiencing perspectives are central in human relations, especially in our personal experience of and communication with one another. Thus, patients, as analysts, use these three listening/experiencing perspectives in relating to their analysts, that is, how they experience, feel toward, and communicate with their analysts.

In this chapter, I, now for the first time, apply the use of these listening/experiencing perspectives to the members and therapist of analytic group therapy. As I delineate the evolution of listening perspectives within psychoanalysis, I will address the emergence of the conceptualization of the empathic listening mode of perception within its historical context and the major questions, misunderstandings, and issues surrounding it. I will then present the subsequent conceptualizations of other-centered and self listening perspectives and describe in detail the valuable information these perspectives provide that is, in my view, necessary to achieve a more comprehensive understanding of the protagonists and their interaction whether in an individual or group analytic process. I will close with a clinical vignette of a group therapy process to illustrate the oscillation and conscious use of these listening perspectives.

Evolution of Listening/Experiencing Perspectives

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 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 it unquestionably clear that the observer affects the observed, both perceptually and interactively.

This paradigm change in epistemology from positivistic to relativistic science, now called objectivism to constructivism, significantly contributed to a second paradigm change from intrapsychic to relational field theory. With the observer affecting the observed, it was recognized that the analytic dyad creates an intersubjective (Atwood & Stolorow, 1984; Stolorow, Brandchaft, & Atwood, 1987) or relational (Greenberg & Mitchell, 1983; Mitchell, 1988) field that involves “the intersection of two subjectivities” (Atwood & Stolorow, 1984), a term that accentuates the subjectivity, in contrast to objectivity, of each participant and their bi-directional interactive influence on one another.

In response to the first, and still ongoing, paradigm change from positivistic to relativistic science, Kohut, beginning in 1959, updated psychoanalytic epistemology in re-conceptualizing 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” (1984, p. 41). Deeming the patient’s subjectivity as 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 as the method by which the field of psychoanalysis itself is defined (1977, p. 302).

The epistemological transition from objectivism to constructivism understandably has not been an easy task for psychoanalysis at large (Schwaber,
1981, 1997, 1998; Lichtenberg, 1981; Hoffman, 1983, 1998; Stolorow & Lachmann, 1984/85; Fosshage, 1994, 1995, 2003; Stern, 1997). 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 analytic entanglements, whether in individual or group psychoanalytic settings. 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 analytic protagonists attempt collaboratively to understand “who is contributing what to each other’s experience” (Fosshage, 1994, 2003), a fundamental question for individual and group analytic therapy.

Thus, the two paradigm changes in psychoanalysis—objectivism to constructivism and intrapsychic to relational field or systems models—have profoundly affected our conceptualization, use, and impact of different listening/experiencing perspectives. Whether within the individual or group setting, listening perspectives affect the protagonists’ experience, inquiries, and impact on one another.

In his conceptualization of “the empathic mode of observing,” Kohut (1959, 1982) delineated, in my view, the psychoanalyst’s principal listening perspective, that is, to attempt to understand from within the patient’s perspective. While I believe that the empathic mode is the central, overriding listening perspective within an individual, and now group, analytic process, I, subsequently, have conceptualized two additional listening/experiencing perspectives, what I (1995, 1997b, 2003) have termed the other-centered listening and the analyst’s self perspectives. These listening perspectives offer invaluable information about our patients, ourselves as analysts, and the analytic interaction to be delineated. I have proposed that human beings naturally oscillate between these three central listening/experiencing perspectives in all realms of human relatedness, including the therapeutic process. While I initially focused on analysts’ listening perspectives in keeping with the asymmetrical focus on understanding the patient, I have now broadened these perspectives to all persons so that I have renamed the “analyst’s self perspective” as one’s “self perspective.” Apart from the impact of the asymmetrical focus on patients in analytic therapy, patients, whether in individual or group therapy settings, also make use of these listening perspectives in attempting to understand and communicate with their therapists and with one another. In analytic group therapy, analyst and group members variably use empathic, other-centered, and self listening perspectives when focusing on one another and the group process itself.

The principal context for this chapter is the use and impact of these three listening/experiencing perspectives within analytic group therapy. When I write of the analysand and analyst, I view it as also directly applicable to the group setting. I use analysand, patient, and group member interchangeably, and the same for analyst and therapist.

Empathic Listening/Experiencing Perspective

The empathic mode of observation, to reiterate, refers to a listening perspective designed to understand as best as one can, through affect resonance and vicarious introspection, the analysand’s experience from within the frame of reference of the analysand. In other words, through resonating with the analysand’s affective experience and using analogues of our experience (Stolorow, Atwood, & Orange, 2002), we attempt to infer (Lichtenberg, Lachmann, & 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 previously been too 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 et al., 2002), the fundamental analytic task. When we ask such questions as “What were you feeling at that moment?” we are asking from an empathic perspective. Self psychologists (Kohut, 1982; Ornstein & Ornstein, 1985, among many others) and Schwaber (1981) have emphasized its consistent usage as the basis of analytic inquiry and understanding.

Controversy over the empathic listening perspective, however, mushroomed from, if you will, the left and the right, 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 inadvertently reveal an implicit objectivist underpinning?
2. When using the empathic stance, does the analyst solely reflect back the analysand’s experience, again attempting to eliminate the use of, and certainly the disclosure of, the analyst’s perspective and subjectivity?
3. Does responding empathically simply result in being “compassionate” or, even worse, being “nice” to the analysand, avoiding needed confrontations?
4. Does empathic inquiry focus exclusively on conscious experience and, thereby, neglect unconscious factors?

I will address these issues conceptually and historically.

Does the empathic listening stance attempt to eliminate the analyst’s subjectivity? In contrast to eliminating the analyst’s subjectivity, Kohut emphasized the use of the analyst’s subjectivity during empathic inquiry, comprised specifically by the analyst’s empathic capacity, vicarious introspection, and theoretical concepts. Yet, he also subscribed to Freud’s and then current (in the United States) ego psychological pathological model of countertransference that focused on recognizing and ejecting the problematic aspects of the analyst’s subjectivity from the analytic encounter. This stood in contrast to the interpersonal, object relational, Kleinian, and, subsequently, relational authors increasingly using the term “countertransference,” following Heimann (1950), much more broadly to refer to normative reactions to the transference that are informative of
internal patterns of organization and interpersonal interaction. 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, the definition of countertransference, and, in part, 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 the non-pathological countertransference reactions to and partial designators of selfobject transferences (Kohut, 1971). A broad range of relational authors have subsequently extended the use of those aspects of the analyst’s subjective experience (or countertransference) that illuminate the analysand’s patterns of relational interaction, what I refer to as making use of data from the other-centered listening perspective.

There were a few remnants of objectivism in Kohut’s writings and, perhaps more importantly, an initial enthusiasm amongst the earliest advocates of the empathic perspective (emanating from a welcomed freedom from the imposition of objectivism) that sounded almost as if it provided a “sure way” to the analysand’s world. Subsequently, relational self psychologists and intersubjectivists—for example, Lichtenberg (1981), Fosshage, (1994, 1995), Orange (1995), Stolorow, Atwood, and Orange (1999, 2002), among others, and Schwaber (1997, 1998)—have taken strides to emphasize that the process of empathic listening is necessarily filtered through the analyst’s subjective experience, highlighting the underlying constructivist, in contrast to objectivist, epistemology. I have coined the term “empathic listening/experiencing perspective” to accent the use of the analyst’s subjectivity. And, while I am delineating these listening perspectives from the analyst’s perspective, patients in individual and group treatment variably use the same listening perspectives.

Analysts process information implicitly and explicitly to inform a direction of inquiry, that is, to sense what is important, what needs elaboration, what needs clarification, and what needs inquiry for illuminating intentions, affects, and meanings. 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). The extent of the analyst’s or group member’s shaping and how closely it resonates with and captures the patient’s experience contributes substantially to whether or not the group member being focused on feels heard and understood. In the extremely complex multi-directional influences within a group system, an analyst’s or a group member’s contribution can range from a disruption of another group member’s direction and sense of being heard and understood to an expansion of a group member’s reflective awareness and articulation of both conscious and unconscious intentions, meanings, interpersonal impact, and other experience.

When using the empathic listening stance, does the analyst solely reflect back the analysand’s experience, again attempting to eliminate the use of, and certainly the disclosure of, the analyst’s perspective and subjectivity? Kohut (1977) assessed that an analyst could not remain anonymous, neutral, and a blank screen, interacting, if you will, like an interpreting computer, but must be sufficiently responsive to enable the analysand to make use of the analyst as a selfobject. He designated this as “empathic responsiveness,” that is, the analyst is responsive on the basis of his empathic understanding of the analysand. Empathic responsiveness brought the analyst’s subjectivity and responses more fully into play, directly counteracting the notion, once again, that the empathic stance aimed to eliminate the analyst’s subjectivity from the interaction. Subsequently relational self psychologists have expanded the range of responsiveness or interactions markedly (e.g., Bacal, 1985, 1998; Bacal & Carlton, 2010; Fosshage, 1995, 1997b, 2007; Shane, Shane, & Gales, 1998; among many others).

Does responding empathically simply result in being “compassionate” or, even worse, being “nice” to the analysand, avoiding needed confrontations? As described, Kohut came to use the term “empathic” confusingly in two ways—first, to refer to a listening perspective and, second, to a type of response. Critics frequently have 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 attempting “only” to be compassionate or, in the vernacular, “to be nice” to their analysands. To confound the matter even more, while the explicit objective of empathic listening is not compassion, empathic listening and understanding from within the analysand’s frame of reference does tend to foster a mutual compassionate resonance and a sense of feeling heard and understood. This stands in contrast to the more experience distant interpretations based on “outside” perspectives and interpretive “leaps” that can be more easily experienced as “confrontational,” missing the mark, or simply “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). I believe that Bromberg here makes an important distinction between two experiential perspectives: identification with the subjective experience of the patient verses identification with the other as “target” of the patient’s actions. In
my view, an analysand will variably need to experience the analyst as identified with and understanding the analysand’s experiential world and, at other times, needs to hear what it is like for an other to be in the interactive field with the analysand in order to understand better his or her internal organizing and behavioral contributions to interpersonal experience. To assess what will be facilitative for an analysand at any given moment, I believe, requires an overriding empathic perspective—for example, attempting to understand the meanings that an intervention might have for an analysand. To respond fully as the target of the analysand’s needs, affects, and interactions, however, requires additional listening perspectives, to be delineated.

Does empathic inquiry focus exclusively on conscious experience and, thereby, neglect unconscious factors? Perhaps emphasizing a singular focus on the analysand’s consciously articulated experiential world in empathic listening contributed to a misperception that the analyst does not deviate from or expand the analysand’s reflective awareness and conscious articulations either in inquiry or interpretive formulations and, thereby, forfeits consideration of unconscious processes and meanings. In addition, the close focus on the analysand’s subjective experience implicitly, if not explicitly, challenged the validity of “objective” interpretive leaps to presumed unconscious meanings. It would be easy for those who interpret in that matter to assume that, when focused on empathic inquiry, unconscious meanings are neglected.

Fundamental to psychoanalysis is the postulation of unconscious mental activity, first Freud’s dynamic unconscious involving intrapsychic structural conflict and, more recently, the inclusion of implicit (unconscious or non-conscious) learning and memory that has expanded exponentially the domain of unconscious processing (Clyman, 1991; Grigsby & Hartlaub, 1994; Stern et al., 1998; Boston Change Process Study Group, 2008; Fosshage, 2005, 2011b; among many others). Unconscious and conscious processing—that 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. Research evidence makes clear that during sleep unconscious processing of the same order continues in REM and non-REM dreaming (Fosshage, 1997a).

How do we gain access to unconscious processing? Freud, of course, developed the free association method and found dreams to be “the royal road to the unconscious.” Ego psychologists subsequently accepted the unconscious components of conflict and defenses that emerged latent in conscious articulations. More recently we have expanded the range for listening not only for conflict but also for explicit and implicit non-verbal and verbal communications of intentions, affects, 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 mitigates against (does not, of course, eliminate) the disruptive influence of an analyst’s imposition of his or her vantage point. Diminishing the need for protection against the analyst’s interpretive judgments that are not close to the patient’s experience increases a sense of safety and reflective space and facilitates the emergence of unconscious conflicting and non-conflicting intentions, affects, memories, meanings, and processing, including unvalidated (Stolorow & Atwood, 1992) and unformulated (Stern, 1997) experience, and implicit patterns of organization (implicit knowledge) into reflective conscious awareness. In other words, empathic understanding tends to make the boundaries between conscious and unconscious, explicit and implicit, more permeable and fluid and 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 focus on the analyst’s experience of the analysand in their relational interaction (what Bromberg referred to as being the “target” of the patient’s responses) or on the analyst’s experience of himself or herself during an interaction, the inclusion of additional listening/experiencing perspectives and data is needed, broadening the range and use of the analyst’s subjectivity. The conceptualization of additional perspectives clarifies alternatives from which we can draw upon in a clinical moment and, in addition, contributes to understanding the differences in what analysists hear.

What other listening/experiencing vantage points are there? Surprisingly, relatively few authors have focused on alternative listening perspectives. I (2011a) have reviewed the perspectives offered by Lichtenberg (1981), Gabbard (1997), Goldberg (1999), and Smith (1999). Here I will delineate my conceptualizations of two additional listening/experiencing perspectives.

I have proposed that analysands experientially oscillate between the empathic, other-centered and analyst’s self-listening perspectives (Fosshage, 1995, 1997b, 2003, 2011a). 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 change in those interaction patterns. These interaction patterns, in addition, provide an entrance to the 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 entering an interaction with a set of expectancies tends to create a confirming relational interaction. Racker’s (1968) concordant and complementary countertransferences can be viewed as corresponding with analysts’ experiences emanating from empathic and other-centered perspectives respectively.

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 an analyst in listening to an analysand’s explicit and implicit verbal and non-verbal expressions must hear and infer the message (content) and the music (process). An analyst must differentiate between foreground and background features of an analysand’s articulated experience. And an analyst must sense into and facilitate the emergence of the implicit, as of 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 understanding of what happens in the analysand’s relationships. Other-centered experience also provides clues for underlying patterns of organization (e.g., an analysand’s expectations in the interaction) as well as information about an analysand’s breaking out of old patterns and establishing footholds for new ways of relating.

The disadvantage of using the empathic perspective exclusively for interpretive focus is to deprive an analysand of direct feedback on how the analyst experiences the analysand in the interaction, useful in illuminating interaction patterns and how the analysand impacts his or her relationships. The disadvantage of other-centered listening/experiencing data 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 meaningfully to appropriate.

Moreover, analysts have traditionally used what I am calling 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 an analysand’s actions (the analyst’s other-centered experience) warrants considerable caution, for the interpersonal consequences might or might not reflect the analysand’s intent. For example, hostile humor interpersonally feels aggressive and triggers aversion; yet, a person might be totally unaware of the aversiveness for the primary motivation may be to connect and the procedure for connecting (a learned familial attachment pattern) is through hostile jibing. While other-centered experience can reveal how the analysand impacts others, and invaluable information about interaction patterns and relationships as well as evidence for related organizing patterns, empathic inquiry is required to assess what the primary conscious and unconscious motivations are 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, an analyst during an interaction also needs to be aware of his or her own subjective experience of feelings, reactions, and assessments, what I call the analyst’s self perspective. For example, if an analysand experiences and inquires if her analyst felt disapproving or angry, the analyst must assess his or her own subjective experience, in this instance judgment and affect, in order to make sense, as best as one 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, analysand, and interaction contribute to a triggering or activation of a particular perspective, a rapid oscillation between the perspectives, or a simultaneous occurrence of several perspectives. For example, whenever an analysand expresses strong affect directed to the analyst, be it anger or love, it immediately triggers an other-centered perspective, 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 enjoyment or anxiety in reaction to the analysand’s love.

Apart from these problematic reactions, an overriding use of the empathic perspective, whether foreground or background, helps us assess how and when to use information from these respective perspectives therapeutically. As a general principle, to unravel a poignant difficult analysand/analist interaction, whether in individual or group treatment, I believe that, if we start within an analysand’s perspective (e.g., intentions, affects, and expectancies), including relevant historical resonances, and work our way utilizing the analyst’s other-centered data to the analysand’s contribution to the interpersonal interaction, we can sustain reflective processing for both analysand and analyst and arrive at the most comprehensive understanding of the analysand’s internal organizations and contribution to relational experience that is palatable and digestible. In especially difficult entanglements, however, the analyst must begin with the analyst’s self perspective, acknowledging his or her contribution to the problematic interaction before it is possible to inquire into the analysand’s experience. This is especially true, of course, when the analysand has had a history of parental blaming and refusal to acknowledge their contribution.

I now propose that individual patients and group members, not just analysts, oscillate between these three listening/experiencing perspectives as well, for they are an inherent component of human relatedness. Recognizing that all of us utilize
these perspectives has led me to rename the third listening perspective from the analyst's self to one's self listening perspective. One's self listening/experiencing perspective might include either of the other listening perspectives along with additional personal meanings, affects, resonances, and thoughts.

While the oscillation between listening perspectives is based on a complex of conscious and unconscious factors, including internal and external triggers, I believe that a conscious awareness of different listening perspectives can increase therapists' understanding of the clinical content and process as well as facilitate the analytic exploratory process. In addition, patients' awareness of different listening perspectives can enhance their reflective awareness as well as understanding of self, other, and self-with-other. To be able to enter into the experiential worlds of other people increases group members' empathic capability, non-judgmental understanding of and compassion for other persons, and enriches the complexity of their relational and organizing experience. Moreover, a group member's experience of empathic understanding, feedback of other-centered experience, and self perspective experience from other group members facilitates a process of detoxifying shame and promoting compassionate understanding of previously problematic, at times dissociated, aspects of oneself—a process of personal integration. Awareness of these oscillating perspectives can help all the protagonists of the individual and group analytic settings increase awareness and complexity of understanding "who's contributing what" in a relational moment.

Clinical Vignette

The following clinical vignette illustrates the natural (unconscious/conscious) activation and oscillation and conscious selective use of the three listening perspectives that facilitate exploration, understanding, and explanation of a group interaction that, in this instance, entailed intense threat, denigration, and aggression. I have condensed and followed this thematic interaction within a therapeutic group process that occurred approximately over a ten-week period.

Having been in individual psychoanalytic treatment with me for approximately six years, John, a man in his late twenties, had recently joined my analytic group. Quite anxious about the group's acceptance of him (information empathically acquired from his individual sessions), he entered the group with a superior, disdainful attitude and seriously challenged me in our individual sessions if the group was up to his analytic level. John's superior, denigrating attitude intensely provoked the other-centered perspective and thematic issues in another man in the group. In his mid-thirties, we'll call him Tony. John and Tony sparred. John was not at all sure that this group was a "fit" for him.

In turn, Tony exclaimed: "I can't stand your superior attitude. It makes the group feel unsafe." And finally, Tony in exasperation forcefully said, "One of us has to leave. If you stay, I'm leaving." John retorted, "I'm not sure that this is the group for me. The group doesn't talk about what is going on in the group."

Other group members tried to inquire empathically (empathic listening perspective) into John's experience of the group as well as his past experience in groups. I remember supporting these questions non-verbally and augmented the ongoing empathic inquiry with reflecting emotional resonance with John's experience of coming into a new group, not knowing what to expect. Feeling a bit safer, John was able to say that from the very beginning the group did not feel welcoming to him, for they had not inquired about him for almost the entirety of the first session. Several group members were able to self reflect (their self perspectives) and take responsibility for their lack of inquiry, remembering that it was not out of lack of interest but out of concern about John's anxiety and a sense that it would put him on the spot. The group members had first attempted to understand from an empathic perspective, but had assumed (most likely picking up on John's non-verbal communication of aversion to the group) that John did not desire their inquiry. They then felt that, when they had inquired, John was monosyllabic, aversive, and even disdainful. Subsequently, a number of them shared how they had experienced him (from their other-centered perspective), referring to his superior and disdainful attitude (validating Tony's experience). With a little, what I like to call "an analytic nudge," noting that they had not said anything, they acknowledged that they had not talked about it. These group members had listened empathically and then pulled back, acknowledging their responsibility for not having inquired for fear of provoking John.

When one or more members in a dyad or group (in therapeutic or other relationships) is able to take responsibility for his/her their contribution to the problematic interaction, in this instance a shut down of the process of getting to know one another, it creates momentarily a safe place for the other to acknowledge his or her responsibility without shame. In this instance, the group members' acknowledgment created momentarily a safe enough place for John to reflect on his experience (his self perspective), enabling him to share his hurt and anxiety about the group's unwelcoming response and to begin to see and acknowledge his protective, disdainful attitude that pushed people away and, as I added, created a painful negative feedback loop, that is, anticipating based on past experience that he would not be welcomed, protectively pushing people away, and then feeling isolated and unwanted. We were able to talk about how both John and some of the other group members were feeling initially anxious and protective and how their individual anxieties
were co-created by specific expectations formed out of past experience and the cues of the current situation.

I was then able to inquire empathically into Tony’s intense reactions to John. Encouraged and feeling safer with John’s openness about his vulnerability and critical attitude, Tony began to talk about how John was like his judgmental, humiliating father that threatened him and got him angry. I helped to make clear (from an empathic perspective) the experienced threat mobilized a powerful aversive reaction in him that was aimed to repel a potentially harmful replication of a humiliating experience (aggression bolstering assertion for purposes of preventing self injury) (Fosshage, 1998). Whereas John and Tony were on the verge of leaving the group, after approximately ten weeks of work they were both able to understand far better each other’s inner experience from an empathic perspective and their interpersonal impact from each other’s sharing of their other-centered and self experience. Both John and Tony were surprised and impressed with how their understandings alleviated their intense negative reactions to one another, increasing their positive evaluation of and emotional commitment to the group process.

Conclusion

I have proposed that in human relationships we oscillate naturally between three listening/experiencing perspectives—the empathic, other-centered, and self perspectives—in our efforts to relate personally and communicate our experience of and with one another. Thus, I have argued that patients and therapists in individual and group analytic therapy all utilize these three listening perspectives to understand one’s own and the other’s experience and who is contributing what in an interaction moment.

In my view, all analysts variably use empathic listening in efforts to understand the participants’ experiential world, the fundamental analytic task. Evidence strongly indicates that empathic listening, through creating a safe reflective space, actually reduces protective 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 required to provide the range of data necessary for a comprehensive understanding of the patient within individual and group analytic therapy.

I have proposed that therapists in individual and group analytic therapy need consciously to use the ongoing experiential oscillation between three listening/experiencing perspectives—the empathic, other-centered, and self listening perspectives—to understand the patient’s experience from “within,” the patient’s problematic interaction and organizing patterns that encumber relationships, changes within those patterns, and who is contributing what in the moment-to-moment analytic interplay. To assess what interventions will be facilitative for a patient at any given moment, in my view, requires an overarching empathic perspective in that we attempt to anticipate and understand the meanings that an intervention might have for a patient. I have also argued that analysts’ use of an overarching empathic perspective, combined with the frequent use of other-centered and analyst’s self listening perspectives, enhances the use of the analyst’s subjectivity, increasing the range of listening and responding to facilitate the psychoanalytic process and development of patients in individual and group analytic therapy.

In addition, patients’ awareness and conscious use of different listening perspectives within analytic group therapy enhances their reflective awareness as well as understanding of self, other, and self-with-other. To be able to enter into the experiential worlds of other people increases group members’ empathic capability, non-judgmental, compassionate understanding of other persons and enriches the complexity of their relational and organizing experience. In addition, a group member’s experience of empathic understanding, feedback of other-centered experience, and self perspective experience from other group members facilitates an understanding and integration of various aspects of one self and self/other differentiation.

Awareness of these oscillating perspectives can help all the protagonists of the individual and group analytic settings increase awareness and complexity of understanding “who’s contributing what” in a relational moment, integrating and deepening one’s self and one’s relational experience.

Acknowledgments

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Notes

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).

2 Internal patterns of organization have been variously described with the terms, internal objects or introsjects (Klein, 1975), internal working models (Bowlby, 1973), internal representations (Sandler & Rosenblatt, 1962), principles or patterns of organization (Wachtel, 1980; Stolorow & Lachmann, 1984/85; Fosshage, 1994; Sander, 1997), RIGs (Stern, 1985), pathogenic beliefs (Weiss & Sampson, 1986), mental representations (Fonagy, 1993), expectancies (Lichtenberg, Lachmann, & Fosshage, 1996), and implicit relational knowing (Stern et al., 1998).
Self psychologists in the use of the empathic mode have been criticized for attempting to be “nice” to the patient, whereas that empathic inquiry can feel closer to and more understanding of the patient’s experience, not an unfortunate occurrence. We, of course, do not want to avoid needed confrontations, understanding that the term “confrontation,” of course, is a complicated and tricky word in terms of meanings.

References
Chapter 9

Interventions at an Impasse

Vulnerability, the Group Leader’s Use of Self, and Sustained Empathic Focus as a Bridge Between Theory and Practice

Marty Livingston

Group therapists are often concerned with the question of what goes into a seasoned leader’s choices of how and when to intervene in a group’s process. My own belief is that specific interventions at moments of impasse or other dramatic moments are not as central to therapeutic process as the leader’s attitudes and beliefs that are conveyed through a day-in/day-out stance. It is in this day-in/day-out, bread-and-butter stance that we need to seek an understanding of the relationship between theory and practice.

The Relationship Between Theory and Practice: A Bread-and-Butter Stance

My quest for an understanding of the relationship between theory and clinical actuality goes back to my training in the 1960s. At this point, I would like to share a story about my early days as a patient in a group that will shed some light on what I was being taught in the 1960s about the relationship between theory and practice. Mannie Schwartz, my group leader and analyst, was a very prominent proponent of “Psychoanalysis in Groups” (Wolf & Schwartz, 1962). Often, when there was a panel comparing theories, he was chosen as the representative of the Classical position.

One day, an attractive young woman of whom I was very fond came into group very upset. As she talked, it became clear she was feeling out of control and afraid that she was crazy. Mannie listened intently and said very little. The group was supportive. At the end of the session, Mannie got up to leave, looked across the room, paused for a moment and then blew her a kiss. She was visibly relieved. I was upset.

The next day, as I walked in for my individual session, I was livid: “You teach me not to act out with a patient, to stay a blank, and here you go clearly expressing a love for her. How do you explain that according to all the theory you’ve taught me?”

Mannie shrugged and, with a warm smile, replied, “It was what she needed.”

I learned two lessons about theory and practice. First was that, sometimes, a spontaneous response to a patient’s need is more important than rigid theory.