

Empathy in Psychiatric Practice and in Psychotherapeutic Process

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Abstract

The term “empathy” has an important role in many different scientific domains. This results in their interest concerning the its definition in the fields as these of psychology, psychiatry, clinical psychopathology, neuroscience, psychotherapy and psychoanalysis. To better understand the phenomenon of empathy we need to distinguish empathy as a method of observation in psychological phenomena from empathy as a component of therapy in psychopathology. In the latter case, the optimum responsiveness of the therapist is really important. Empathy describes the ability to share the psychological and emotional state of another person as if we were able to become aware of his inner world. That means sharing the psychological and emotional state of another person. This temporary emotional sharing is a situation which concerns the quality but not the quantity of the emotional experience. Experts in the field of neurobiology and neurobehavior came to the conclusion that there are three types of empathy: emotional, cognitive and motivational empathy. We would like to mention that the field of psychoanalysis was not interested by the term of empathy early on although some authors like Jaspers mentions empathy in his famous oeuvre “General Psychopathology”. It is noteworthy that as years pasted the concept of empathy gained a more important place in clinical psychoanalysis. It is also widely known that the relationship between therapist and patient defined as “therapeutic alliance” has an impact on the outcome in any psychiatric practice as in psychotherapy. As a result, empathy is fundamental to the therapeutic relationship. However, research in this field like his role and application is very limited. We would like to encourage every effort toward this direction because we estimate that its application is crucial in the field of psychiatry.

Keywords: Empathy; Psychiatric Practice; Psychotherapeutic Alliance; Psychoanalysis; Psychotherapy

Introduction

The term “empathy” makes his appearance in German language in 1872 as “Einfühlung” from the German philosopher Robert Vischer [1] to suggest a special way of aesthetic approach by which the observer attributes to “beautiful” his own subjective experience. In other words, “beautiful” is the result of the projection of the human aesthetic to the nature’s objects. Theodor Lipps, another well-known German philosopher, in 1907 introduces the same term in psychology to express the intuitive awareness, access, apprehension and knowledge of someone’s subjectivity [2], meanwhile English psychologist Edward Titchener introduces the term “empathy” (from the Greek word “εμπάθεια” which clearly has a different meaning from the meaning he wants to attribute) in 1909, to translate in English the German term “Einfühlung” [3]. When studying the phenomenon of empathy, it is useful to distinguish the empathy as a method of observing

psychological phenomena from the empathy as a component of psychotherapeutic processing the psychopathological phenomena. In the latter case, beyond the empathic understanding, the optimum responsiveness of the therapist is included. It is noteworthy to point out another important dimension of empathy concerning the relation that exists between lack of empathy and mental disorders. In this field there is a lot of interest in research and abundance of corresponding bibliography. It seems that lack of empathy, that is observed more and more in pathological family environments, contributes decisively to the changes that result to the clinical psychopathology from the early 20th century to this day (reduction of classic neurosis, important increase of narcissistic personality disorders). Empathy plays an important role in the psychological and emotional development of the child. The empathic concern of the parental environment contributes to the development of important psychological and emotional functions of the child by the creation of a safe and secure environment which is in a position to respond sufficiently (introduced by Winnicott [4]) to the early biological and psychological needs of the newborn. The newborn, as mentioned by Ferenczi [5], is surviving with the aid of his mother's empathic responsiveness in the same way as he has the need to breath.

Definition

Empathy means sharing another person's psychological and emotional state. This emotional sharing is a temporary situation and concerns the quality but not the quantity of the emotional experience. Empathy, however, is not simply neither understanding nor having access to another person's psycho-emotional state, but also requires that the observer participates to another person's experience. Empathy must not be confused with sympathy, the empathic observer is not sympathizing, meaning that he is not participating quantitatively as he is not influenced by the degree of another person's emotional state. Furthermore, sympathizing with another person does not mean necessary that we fully understand his emotional state. Rogers [6] defines empathy as the ability to understand with the biggest possible precision the inner context and emotional components of another person as if we were at this place. Moreover, we need to distinguish empathy from emotional transmission, which corresponds to the immediate and involuntary emotional participation, without any cognitive intervention, as in some cases of mass phenomena. Finally, empathy is not identification. As mentioned by R. Greenson [7], identification is an unconscious phenomenon that has a permanent character, but empathy is a preconscious phenomenon that has a temporary character. The aim of identification [7] is to overcome the stress, the culpability or the bereavement, while empathy serves to understanding. The motivation of empathy in clinical psychiatry and psychotherapy is the intention of understanding the patient, to identify his difficulties and to take part in finding their solutions.

Components of empathy

The contemporary scientists of neurobiology and neurobehavior distinguish three components of empathy: emotional, cognitive and motivational, which help the interpersonal relations occurring in complex groups of society where the transgenerational relationships between parents and offspring are essential for the survival of species [8]. Emotional participation reflects the ability of sharing the quality of another person's emotional state and also plays an important role to the non-verbal communication mainly in sad or unlucky situations. Emotional participation is considered as a basic component of empathy's evolution and is observed in different species like birds or rodents [9,10]. It is important to underline that the emotional participation does not lead automatically to the interest for another person. An extreme clinical example of this case is the psychopathic personality, which takes advantage of his ability to understand the emotional state of another for his own interest. Another example is in case of a state of anxiety in which the observer may result on the behavioural exclusion of the person who suffers and not to his aid. The cognitive aspect of empathy allows to consciously penetrate another person's mind and try to understand his thoughts and feelings. This ability is the foundation of altruism and it is related to social reasoning [11]. This component that characterises the human species is associated with "Theory of Mind" and requires the existence of executive functions of prefrontal cortex [8]. The motivational dimension of empathy leads to the interest and concern for another person. It is considered an ability that appears (like the emotional participation) quite early in the evolution of species, which is based on the parental care that is a biological need (mostly to mammals) to the survival and evolution of species [12]. From a clinical point of view, empathy occurs in two phases : during the first phase, a series of emotional understanding creates to the observer an empathic resonance, that is based

on the natural human ability to participate to the emotional experiences of another human being and during the second phase, complex cognitive and emotional functions contribute to the appearance of meaning-making [13]. This second phase is the cornerstone of the foundation on which the psychotherapeutic relationship and process is based.

Anatomy and neurobiology of empathy

Studies confirm that empathy is not the product of a cognitive effort, but it is a component of the species' genetic material. Understanding another person's emotional state activates to the observer neural mechanisms, which is responsible for the creation of a similar emotional state [14,15]. In other words, participation to someone's psycho-emotional experience activates to the observer the same brain regions which are involved to the response of the corresponding experience [16]. This idea is based to the discovery of mirror neurons which are present throughout the motor system, including ventral and dorsal premotor cortices and primary motor cortex, as well as being present in different regions of the parietal cortex [17]. According to research, mirror neurons of the frontal and the inferior parietal lobe constitute the neural network that supports emotional and motivational components of empathy, meanwhile the cognitive component is supported to another neural network that includes ventromedial prefrontal cortex, temporal parietal junction and middle temporal gyrus. However, this distinction is not absolute because every empathic reaction can involve, in a different scale, both neural networks [18-20].

Empathy as an interpretative and diagnostical tool in psychiatry and psychopathology

Empathy, from the early 20th century has an important place in Jaspers's General Psychopathology [21], a monumental oeuvre that introduced the phenomenology as a method of observing and understanding the pathological mental phenomena. Jaspers referring to genetic understanding of mental phenomena, which is characterised as empathic understanding and participation of the patient's mental life. With this technique of interpretation, the examiner understands intuitively the way which a psychological phenomenon emerges from another psychological fact. In the phenomenological study of a psychotic episode, the author uses as a diagnostical criterion the fact that it is not being understood by the empathic state of the observer, in other words lack of empathy towards the psychotic patient. This is a very important clinical tool in order to recognise a schizophrenic mental experience. It is easily understood that a contemporary psychiatrist who is trying to evaluate the psychopathological phenomena, beyond his knowledge, clinical experience, imagination and sensory organs, must approach the patient with empathy in order to be able to better observe him.

The term of empathy in psychoanalysis

Freud, after studying the oeuvre of T. Lipps, started to also use with the same meaning the term "Einfühlung" when this term was still used by just a few authors. Freud also uses this term to describe the special intuitive of another person's knowledge as an important tool of psychoanalytic communication. It is clear in his thoughts that this term will never acquire a specific psychoanalytic meaning and will remain used with its general psychological meaning, which, as mentioned by Widlöcher [22] stays until today not very well defined. In 1921, Freud is referring to empathy as follows "With the identification as a point of departure, a road leads, through imitation to empathy, meaning to the understanding of the specific mechanism that makes it possible to be able to interact adequately with another person psychism" [23]. Furthermore, Freud makes the following commentary: with empathy, it is possible to better understand what is foreign to our Ego which exists to the other people. In this aspect, empathy corresponds to the term Einfühlung, which is the not the same as "Einsicht" meaning insight. Insight means being able to "see inside oneself" while empathy means "feeling the other". By this way, it is obvious that empathy belongs to the field of feelings. A reason that explains why psychoanalysis primarily at his early stages was not very preoccupied with the term "empathy", is that this term is affiliated to the intersubjectivity and the interpersonal relations, fields that at the same period of time were not especially attractive to the psychoanalytic theory which during the period of the psychoanalysis's founder was mostly concentrated to the intrapsychic field. During the 60s, with the contribution of H Kohut [24] and R Greenson [7], it is pointed out the importance of empathy's term in clinical psychoanalysis as there are efforts to better define the nature and psychological mechanisms that are functional in this complex intuitive form of knowledge (feeling another person through the communication). Kohut by realizing

the negative impact which is the outcome of psychoanalytic therapy's evolution that is almost exclusively focused on the detection of resistance and on analysing the defensive mechanisms, supports that the analyst cannot remain distant from the patient's subjectivity. The analyst, according to Kohut, cannot be just an observer of the patient's psychism but has also the duty to actively participate to the analytic procedure with empathic "diving" into the patient's inner life. Free associations and analysis of mechanisms contribute to the development of insight and empathy. Empathy is for Kohut the most important tool with which the analyst is able to understand the patient's subjective experiences. D. Widlocher [25] introduces the term of "co-thinking", which according to the author is referring to an early stage of empathy, meaning that empathy is in a way the opposite of counter transference, to the degree that (in case of empathy) the therapist enters into the patient's mind, instead of observing the way that his mind is affected by that of the patient's (like in case of counter transference). From the point of scientific psychology, studying the phenomenon of empathy remains a field with little exploration. The way in which we communicate with another person's mental life is debated again, quite recently, during the first decency of the 21th century in "Theory of Mind". This theory will open the wide field of "social cognition" and will prepare the terrain for the recently rediscovery of empathy by cognitive neuroscience [26,27].

Empathy in psychotherapy

All studies that try to investigate the common therapeutic factors in psychotherapy conclude that the quality of the relation between the therapist and the patient (therapeutic alliance) plays a fundamental role to therapy's positive outcome. Furthermore, the quality of the therapeutic alliance is considered a non-specific therapeutic factor that is applied to all psychotherapeutic methods [28]. The empathic state of the therapist is a positive factor for the quality of therapeutic relation.

We would like to mention some of the most important terms concerning the therapeutic effect of empathy:

- a) "Holding": Therapist's empathy contains the patient's unbearable emotional experience, which makes this experience more bearable [29].
- b) Emotional participation: emotional participation relieves loneliness and isolation.
- c) Acceptance of an idealised figure (of the therapist) helps indirectly the patient's acceptance of inner non accepted parts of himself.
- d) The corrective emotional experience: optimum responsiveness if it consists a constant way of therapeutic intervention, offers to the patient the corrective experience that fortifies himself [30].
- e) Empathic relationship between the therapist and the patient contributes to the disengagement of the patient's developmental capacities, sidelining the inner conflict and resistance. The result of this dynamic is the creation of new forms of psychological organisation more functional, which can prevail over the corresponding former ones that act dysfunctionally to the unconscious which result from previous imago relationships [31].

Research and empathy

In psychiatry, research for empathy's role and its methods of appliance, is until today very limited. This is unfortunate because empathy is very important to the casual psychiatric practice. Some of the most important questions in this field of research are the following: "how can the psychiatrist perceive and use empathy to his practice?", "In which way the psychiatrist is trained to the empathic approach of his patient?", "In which way the therapist's ability to empathy is evaluated?", "Which is empathy's role and limits to the practice of transcultural psychiatry?". Absence of a model to empathy's appliance in psychiatry and psychotherapeutic practice is an important challenge for the future of psychiatry's training [32,33].

Conclusion

Although the term of empathy is a subject that preoccupied early on thoughts and ideas of psychiatric history and psychoanalysis, the fact is that until today there is a confusion around the meaning of empathy and its. There is also a debate if it may be harmful [34]. Our opinion considering the correct practice of empathy's role in clinical psychiatry and psychotherapeutic process, is that is needed a wider agreement concerning its definition and maybe even guidelines of its correct application which would require research and an educational program.

Conflict of Interest Statement

The authors declare that this paper was written in the absence of any commercial or financial relationship that could be construed as a potential conflict of interest.

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