An Exploratory Study of the Life Experiences of Professional Empathizers

Irene Di Raffael

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AN EXPLORATORY STUDY OF THE LIFE EXPERIENCES OF PROFESSIONAL EMPATHIZERS

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by

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ABSTRACT

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Empathy is widely acknowledged in the psychotherapy literature as a critical ingredient of successful treatment. Evidence from the fields of infant research and child development suggest that the capacity for empathy is rooted in the early mother-child relationship. Little is known, however, about the influence of later life experiences on the capacity for empathy. Still less is known about what enables a therapist to be able to use empathy in a professional, or object-centered, way. This qualitative study was designed to investigate what relationships might exist among life experience, the capacity for empathy and the ability to use empathy in a professional manner.

The population consisted of eight social work psychotherapists nominated by their peers. Nomination criteria considered personal therapy, a list of qualities of a highly-empathic person, length of time in a psychodynamically-oriented practice, and compliance with definitions of empathy and object-centered empathy.

The data were collected through the use of a semi-structured, in-depth, life-history interview and analyzed per the Constant Comparative Method for discovering theory grounded in actual data.

Although the study successfully pursued a focus of identifying common experiences, there emerged from the data an identification of personality traits and skills common to the subjects as well. Eleven categories and seven subcategories constitute the findings of this study. These categories and subcategories are distributed among three major groups labeled "Experience," "Traits," and "Skills." The categories are discussed in relationship to the use of empathy as a discrete and sequential process, and as they relate to the ability of professional empathizers to practice a form of empathy which is object-centered. Implications for practice and for future research are suggested.

THE CALIFORNIA INSTITUTE FOR CLINICAL SOCIAL WORK

We hereby approve the dissertation

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candidate for the degree of
Doctor of Philosophy in Clinical Social Work

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This study is dedicated to my parents

Louis and Isabel Estrella

who gave me my earliest exposure

to empathy at its finest.

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CHAPTER I

INTRODUCTION

The stimulus for this study was a need on the part of this researcher to clarify a theoretical understanding of the professional use of empathy. While widely acknowledged in the literature as one of the most crucial ingredients of effective psychotherapy (Rogers, 1957; Truax and Carkhuff, 1977; Carsen, 1984), empathy has nonetheless been defined in well over twenty ways (Hackney, 1978; Reed, 1984). The more subtle conceptual distinctions between empathy and similar processes, i.e., intuition, sympathy, projective identification, countertransference, are rarely addressed in the literature. Students of the psychotherapeutic process are therefore left with the difficult task of having to learn a critical skill without a clear understanding of the process in its most uncontaminated state.

The search for clarity of understanding began with this researcher's perusal of the psychoanalytic literature beginning with Freud and ending with contemporary theorists such as Kohut. The literature reveals some definite consensuses about the empathic process, most notably its goals and mechanisms. Many writers, for example, have agreed that empathy consists of some form of identification (with the patient) qualified by such adjectives as "partial," "temporary," "trial," and "transient." Another widely held view is that the mechanism of merger is

operational as a regression to a familiar preverbal developmental stage. This state of merger, or lack of self-other differentiation (Corcoran, 1982), is commonly described as involving the loosening of personal boundaries and identity and is said to be reversible. There appears to be universal agreement that the purpose of empathic contact is to provide access to the inner world of another; to achieve the deepest level of cognitive and/or affective understanding humanly possible.

While the psychoanalytic literature describes the phenomenon of empathy in great detail and often with poetic elegance, it has neglected to satisfy the need for clarity of process that would enable a student of the profession to adopt an empathic stance knowingly and with deliberation. The literature on theory in fact seems to provide more questions than answers:

> Is empathy rational or irrational? Is it regressive or mature? Does it involve only affect, affect and cognition, cognition alone, or is the differentiation between affect and cognition false? Is empathy a form of projection or a mode of observation? Is it imitative or creative? Is empathy to be equated with intuition or are these two different processes? Can empathy be dealt with scientifically or is it a purely private matter? Does the analyst's empathy aid the analysis by recreating what the analysand is experiencing or is it a form of countertransference and, therefore, an interference with the analysis? Does empathy take place through identification and a permanent or temporary loss of self or identity, or is there no such identification with the object of empathy, and, therefore no loss of self? Is empathy an end result, a tool, a skill, a kind of communication, a listening stance, a type of introspection, a capacity, a power, a form of perception or observation, a

> disposition, an activity or a feeling? Is empathy to be equated with love, understanding, sympathy? Does empathy involve gratification? Does it or does it not undermine the rule of abstinence? (Basch, 1983, p. 102)

Academic psychology has attempted to enlighten through the use of an empirical approach. Rating scales and tools to measure empathic abilities have been developed. Out of this research has come the identification of traits and qualities of empathic individuals.

Within the psychoanalytic school, several spokesmen have challenged the consensual understanding among their colleagues about the professional use of empathy. One of these, Dan Buie (1981), has argued that the use of terms such as identification and merger are technically incorrect. He has instead proposed an alternative view of empathy as a sequential and definable process. Further, he has attempted to contribute to delineating between a general form of empathy and the professional use of empathy, the latter being exclusively object-centered.

According to Buie, the professional use of empathy begins with the therapist's receiving perceptual cues from the patient. These cues are responsible for stimulating memories, fantasies and awarenesses of feelings and impulses in the therapist. The therapist then draws upon his inner world to locate matching referents from which he then infers meaning. The resulting inferences are shared with the patient and refined until a state of understanding is most

closely approximated. (See pp. 15-17 for a more detailed description of Buie's model.)

Buie's explanation of the empathic process addresses this writer's search for an unambiguous, unmystical, uncontaminated description of the empathic process as employed in psychotherapeutic work. His separation of the operation into discrete steps is felt to enlighten the process aspect of the phenomenon, and thus to aid in its potential for mastery as a psychotherapeutic skill.

Statement of the Problem

Buie's model would appear to support the position that empathic therapists are made, not born. While one may be genetically or constitutionally equipped with certain traits associated with empathy (Matthews et. al., 1981; Noy, 1984), this predisposition alone does not guarantee the development of object-centered or professional empathy. These traits may in fact require nurturing environmental experiences to achieve prominence within the structure of the personality. It would follow therefore that the making of an empathic therapist might be influenced in part by life experiences.

Researchers in infant and child development (Stern, 1985; Bergman and Wilson, 1984; Broussard, 1984) have discussed in depth a developmental line for the capacity for empathy beginning with the earliest interaction of the mother-child dyad. Elsewhere there are occasional anecdotal accounts of specific later life experiences which

may have played a contributory role in the development of the capacity for empathy in prominent clinicians (Strozier, 1985; Stern, 1985; C. Winnicott, 1978). Nowhere has there been found a systematic exploration into the life histories of empathic therapists for the sole purpose of discovering influential events or patterns of events.

This study is concerned with both identifying and exploring the critical events, or patterns of events, in the life histories of psychotherapists skilled in the use of professional empathy to determine whether or not common patterns of experience will emerge.

Purpose of the Study

The major purpose of this exploratory study is to gather specific data about the prior life experiences of psychotherapists who currently function as experienced, professional empathizers.

The data gathered through the use of a semi-structured, in-depth interview has been employed as follows:

1. To identify which events or patterns of events are subjectively experienced by the subjects as possibly being related to the development of their capacity for deep cognitive and affective understanding of another.

2. To identify categories of experience that might have enabled the subjects to use empathy in a professional or object-centered way.

3. To identify whether there is a common pattern of experiences, or common categories of experiences, among subjects.

4. To determine which categories of experience identified can be positively matched against the speculations made in the literature concerning the development of a general capacity for empathy.

Theoretical Framework

Psychoanalytic theory detailed in Chapter II which relates to a developmental line for the capacity for empathy (Burlingham, 1967; Noy, 1984; Bergman and Wilson, 1984; Stern, 1985) provides the theoretical framework for the gathering and ordering of data. The findings of empirical studies conducted in the field of academic psychology (Hogan, 1969; Davis, 1983; Johnson, 1983; Mehrabian and Epstein, 1972) support this point of view and have assisted in the gathering and the classification of data. Buie's (1981) treatment of empathy as a sequential process guides the interpretation of the findings.

Significance of the Study

Review of the literature on empathy highlights its importance as a theoretical construct and technique. The currently popular school of self psychology, for example, identifies accurate empathy as essential to "informing interpretations" (Kohut, 1981) which ultimately lead to cure (Kohut, 1984). But whether the development of empathy is in

part a product of life experiences has been addressed primarily from a theoretical position only (Bergman and Wilson, 1984; Burlingham, 1967; Noy, 1984; Stern, 1985). The findings of this study are submitted to contribute to filling that gap in the literature on empathy.

Events influencing the transformation of a psychotherapist's general capacity for empathy to the ability to use it professionally are inadequately addressed in the literature. Writers have only alluded in a vague way to the importance of life experience with negligible explanatory theorizing. (There have been some exceptions: Greenson (1966), for example, has speculated that a therapist who had experienced a clinical depression would probably make an empathic therapist motivated by the wish to reestablish contact.) If the findings of this particular study successfully identify that there are specific kinds of experiences that mature a therapist in the direction of greater object-centered empathy, this knowledge may be useful prophylactically against abuses which stem from a therapist's use of self-centered empathy; i.e. negative transference reactions, sexual exploitation, overly prolonged therapeutic course, etc.

Limitations of the Study

The data gathered for this study, because of its retrospective nature, are subject to the distortions of time and memory. Spence (1982), in considering Freud's metaphor

of the analyst as an archeologist, has discussed extensively the fact that pure historical truth (as gathered through the narrative) is probably beyond reach. In addition, because all subjects for this study have had personal therapy, memories of their life experiences have been subject to revision as an unavoidable consequence of having been reviewed in the psychotherapeutic field. Factors such as a subject's therapist's selective attention secondary to his theoretical bias, the use of interpretations, and transferential implications influencing the presentation of recollections, all serve as possible sources of distortion.

In spite of the above, subjects have the advantage of conscious accessibility to much of their past as a result of having participated in personal therapy. Their capacity to recall memories of actual events can remain clear over time, while it is the meaning of these events or experiences which may have undergone revision.

Additional limitations of this study concern both the generalizability of the findings as well as methodological problems which may have potentially biased the results. Both of these points are considered "weaknesses" of case and field study research (Isaac and Michael, 1982). Unlike descriptive research which demands rigorous sampling methods to ensure generalizability of the findings, exploratory research has as its primary objective the formulation of hypotheses. Also inherent in an exploratory design is a

researcher's freedom to follow leads based on hunch, interest, familiarity, etc. While this exploration occurs within the approximation of a standardized interview format, the data may not be sufficiently protected from being collected and sorted in a somewhat subjective way.

Assumptions

There are two major assumptions which underpin this study. The first is that all subjects, by virtue of the selection process employed in this study, are considered skilled in the use of professional empathy. The second assumption is that a subject's ability to clearly address the research questions on a subjective level has been influenced to some degree by the subject's theoretical understanding of the concept of empathy.

Definition of Terms

Empathy is conceptually defined as

> an active process of desiring to know the full, present and changing awareness of another person, of reaching out to receive his communication and meaning, and of translating his words and signs into experienced meaning that matches at least those aspects of his awareness that are most important to him at the moment. It is an experiencing of the consciousness 'behind' another's outward communication, but with continuous awareness that this consciousness is originating and proceeding in the other. (Barrett-Lennard, 1962)

Object-centered Empathy is conceptually defined as that empathic focus on a patient by a therapist which does not relate to the fulfillment of the therapist's narcissistic needs. Such empathy allows the patient to exist in his own

right (Buie, 1981). This term shall be used synonymously with professional empathy. A therapist who is able to tolerate and not defend against a patient's negative projections, and instead uses these to be better informed about the patient's inner world, illustrates an example of the use of professional empathy.

Self-centered Empathy is conceptually defined as that empathic focus on a patient by a therapist motivated by a wish for some form of self-fulfillment or gratification of narcissistic needs (Buie, 1981). It is similar to that state which exists in early infancy. A blatant example of the use of self-centered empathy would be the therapist who, accurately understanding a patient's needs for love and affection, chooses to exploit the patient sexually.

Life Experience is operationally defined for the purposes of this study as those events occurring in the course of a therapist's growth and development for which there is conscious or preconscious awareness. These events can begin with a therapist's earliest memories and proceed to the present time.

CHAPTER II

LITERATURE REVIEW

Introduction

The psychoanalytic literature on the subject of empathy chronicles a process of conceptual refinement. In a struggle to maintain the scientific integrity of the art of psychotherapy, analytic authors have resisted the common assumption that empathy is simply a "gift" (Deutsch, 1926), or a method of telepathic communication (Bibring cited in Burlingham, 1967), or an "inborn capacity" (Fliess, 1942). Instead, many have worked to define the phenomenon within the parameters of respectable theory. Others have studied empathy in such a way so as to expand those parameters.

In 1921 Freud recognized the importance of that "process...which plays the largest part in our understanding of what is inherently foreign to our ego in other people" (p. 108). He called it the means by which "we are enabled to take up any attitude at all towards another mental life" (p. 110). Kohut, some forty years later, would define empathy quite simply as "vicarious introspection." Subsequent to Freud's observations, and prior to Kohut's definitive declaration, much has been written about the concept of empathy.

The belief that "nothing human is alien to me" (Schafer, 1983) describes an attitude that has propelled therapists and theorists alike to attempt an accurate

understanding of a patient's experience. The following literature review on the concept of empathy will consider its nature, its function, its genetic roots, and how it differs conceptually from similar terms with which it is often confused.

Common Definitions

Empathy is a concept familiar to the layman as well as to the professional psychotherapist. Definitions of common usage come surprisingly close to the more sophisticated understanding described in the analytic literature. Webster's Dictionary (1963), for example, notes that empathy is "the imaginative projection of a subjective state into an object so that the object appears to be infused with it;" and "the capacity for participating in another's feelings or ideas." The American Heritage Dictionary (1984) defines empathy as "understanding so intimate that the feelings, thoughts and motives of one are readily comprehended by another." Funk and Wagnalls Desk Dictionary (1976) holds that empathy is "intellectual or imaginative apprehension of another's condition or state of mind." The Oxford American Dictionary (1980) defines empathy as "the ability to identify oneself mentally with a person or thing and so understand his feelings and or its meaning." A most recent dictionary prepared for mental health professionals, the Longman Dictionary of Psychology and Psychotherapy (1984), draws a distinction between essence and process, between

empathy and empathic understanding. It denotes empathy as "the objective awareness of another person's thoughts and feelings and their possible meanings. One who empathizes sustains his objectives and separate feelings even when confronted with disturbing psychological material." Empathic understanding, on the other hand, is defined in the same source as "insight into the feelings, thoughts, or attitudes of another person achieved by projecting oneself into his situation, that is, by 'putting oneself into his shoes'."

These definitions appear to address most of the key, commonly-agreed-upon elements of the psychoanalytic understanding of empathy: it is a capacity for understanding which involves the processes of imagination, projection and identification leading to insight into the feelings and thoughts of another. Although the level of participation is intense, the empathizer retains his separate identity.

Etymology

The neologism "empathy" was coined to express in English the same sense transmitted by the German Einfühlung. Einfühlung refers to the ability of one person to come to know firsthand the experience of another. It implies through its synonyms (sich hineinversetzen and Fremdwahrnehmung) an understanding of another person that includes, but is not limited to, an affective experience. Basch (1983) notes critically that the common translation of

empathy as "feeling with" stresses affective resonance without consideration of inference, judgement and other aspects of reasoning equally important to the concept of Einfühlung. He notes further that a word with the Greek prefix em- or en- signifies "in" or "within," thus adding weight to the the denotation of "feeling into," i.e., "finding" or "searching" one's way into the experience of another.

Identification

How does this "finding one's way into the experience of another" take place? One of the earliest theorists to write about this phenomenon was Helene Deutsch. Deutsch (1926) hypothesized that "The affective psychic content of the patient, which emerges from his unconscious, becomes transmuted into an inner experience of the analyst, and is recognized as belonging to the patient (i.e., to the external world) only in the course of subsequent intellectual work" (1926, p.136). It is believed by most that this transmutation into the inner experience of the analyst comes about through a process of "trial" (Fliess, 1942) or "temporary" (Greenson, 1966a; Olinick, 1969; Beres and Arlow, 1974) identification. That this variety of identification is short-lived and thus reversible, makes it possible to distinguish it from the mechanism of identification which is automatic, unconscious (Basch, 1983) and permanent (Greenson, 1960). Further, it is noted that

the identification which does take place in an empathic exchange is not with the other person per se, but rather "with what he is experiencing" (Basch, 1983).

Buie (1981) takes issue with the use of the term "identification" arguing that the empathic process used in the therapeutic setting is not based on identification (which would imply the addition of new structure), but rather on the use of inference. He posits that within the therapist's inner world there are four classifications of internal referents from which a therapist draws in order to make an "inference" about the patient's cognitive and/or affective state. Buie labels these referents "conceptual," "self-experience," "imaginative" and "resonant."

Conceptual referents are cognitive only. They do not entail the experience of affect. Some are specific in that they are derived from experience with particular persons or with the self. Other conceptual referents are general and belong to the creative symbolism of myth, art and religion. These provide the therapist with more abstract prototypes. Specific conceptual referents are particularly useful for the construction of mental models, models which relate to the patient as he currently is, or to the patient as he once was.

Self-experience referents combine both ideation and mild affect. They are memories available in the ego of the analyst of his long and recent past, as well as of impulses,

affects, body feelings and superego pressures. Their distinguishing quality is their low intensity which makes them neither tiring nor draining. These referents do not "arrest attention" although they may produce signal affect.

Imaginative imitation referents involve affect and ideation in addition to creative imagination. These referents are called upon when the therapist can find no readily available referents in memory and must resort to the use of imagination. The therapist thus combines the use of fantasy with whatever he knows about the patient and can deduce from his observations. This referent has the creative quality of "what it would be like if...."

Resonance referents are composed of strong affect only. They are a primitive form of affective communication which appears to be stimulated by a contagion effect. The level of intensity exceeds that which is found in self-experience referents. There is no ideational content other than the patient's words at the moment. If prolonged, the experience is said to be fatiguing for the therapist.

While Buie's challenge may be a semantic one which reflects the difficulty of inconsistent terminology, he has used it to benefit the expansion of theory. According to Buie, the mechanism of identification technically implies the addition of new internal structure. The "professional use" of empathy requires, on the other hand, that there already be available a pool of internal referents, "an inner

world of object and self-representations as well as introjects" (p. 289). This ideally object-centered process he labels "adult empathy," and differentiates it from empathy in early infancy which he notes is self-centered. Buie's view would tend to support Basch's (1983) observation that the therapist identifies not with the patient per se, but rather with what he is experiencing.

Regardless of whether the processes involved in empathy are identificatory or inferential, all writers seem to agree on its preconscious nature. As such, it largely relies on primary process. To be sure, the many conceptualizations necessary for empathic understanding also depend upon secondary process. Noy (1978), for example, maintained that "insight is achieved neither by the 'self-centered' primary process nor the reality-oriented secondary process alone, but only by cognition based on a synthesis of the operational modes of both" (Panken, 1981, p. 42). The primary process aspect of preconscious functioning will next be considered.

The Preconscious and Primary Process

Freud (1932) conceptualized preconscious material as "capable of becoming conscious easily and under conditions which frequently arise," as opposed to unconscious material "in the case of which such transformation is difficult [and] can only come about with considerable expenditure of energy or may never occur" (cited in Kris, 1952, pp. 304-305).

Kris (1952) felt that "preconscious mental processes cover continua reaching from purposeful reflection to fantasy, and from logical formulation to dream-like imagery" (p. 305). He noted that when preconscious material becomes conscious, the reaction may vary from not being noticed to being charged with affect. One of the ways the conversion of preconscious material to consciousness is made possible, Kris felt, is through a "hypercathexis mediated by attention." A key assumption was that in the preconscious process the ego withdraws cathexis thus subjecting the material to cathexis with id energy and drawing it into the primary process.

Kris first coined the expression "regression in the service of the ego" when he wrote of a healthy form of regression that makes possible the inspirational phases of work. Kris held that through a relaxation of defenses the analyst gains access to a primary process mode of functioning. This state is neither wild nor chaotic as it is informed by the tradition of doing analysis (Schafer, 1983). It does, however, allow the therapist to experience fantasies which may contribute insight into the patient's state. This state is similar to what Zac (1972) called the "irrational ego," an exploring, experiencing ego function which utilizes the mechanisms of introjection, identification, and projective identification. Zac felt that this ego function enabled the therapist to experience

unconscious transference fantasies which included intuition and empathy.

Meares (1963) describes the relationship between primary process and "fantasy thinking," and contrasts this with directed thought which is "linear" and conscious. He notes that fantasy thinking is found in states of reverie defined as a "stream of ideas, images and memories which flow without effort or apparent purpose...[with a] progression determined by association and analogy" (p. 73). He examines the work of the poet Keats to illustrate how Keats was able to abandon his own identity to "get into" the world about him so that he could "feel its reality." He calls Keats the "self-less poet" and compares this state of reversible self-annihilation with the "impersonal stance" necessary for empathic functioning in the therapeutic encounter. He notes, contrary to Kris, that this state is entered into through a "relaxation of attention."

In a treatment of similar subject matter, Margulies (1984) writes of the creative capacity to suspend closure which he feels is necessary for empathic exploration. He uses Keats phrase of "negative capability" to describe a peculiar quality of openness, a "negation of what is known," which he compares to Freud's mandate to maintain "an evenly hovering attention." This clearing of the perceptual field theoretically allows the therapist to approximate the inner experience of the patient's world.

The Process

The result of the process of empathy is "psychological comprehension" (Reik, 1948); an imagined perception of how the patient is experiencing the world (Spence, 1982); a duplication in the therapist of the affective state of the patient (Basch, 1983); and an ability to "taste" the patient's material (Fliess, 1942). For patients fixated at a preverbal level, the result of the process of empathy is "affective attunement" (Basch, 1985).

While Buie's description of the empathic process is considered unique, he is consistent with most writers who feel that the process is one which includes both cognitive and affective components. Focusing on the cognitive skills required by the therapist, Schafer (1983) discusses the therapist's creation of a "mental model" of who the patient is as experienced in the therapeutic setting. He notes that before this can be accomplished, it is necessary to dispense with the positivistic assumption that there is a single, knowable reality. Rather, he suggests that the therapeutic encounter is limited by the interaction of the therapist's and the patient's "second selves," a second psychic structure similar to what Fliess (1942) called the "work ego." Further, he notes that the mental model the therapist creates will be influenced by the therapist's technical and theoretical orientation, his personality and his work style. The mental model thus provides a framework against which the

patient's productions (verbal and nonverbal) can be cognitively understood and anticipated. The construction of this model is ongoing as it is first built up, then amended and refined (Greenson, 1960).

The affective aspects of empathizing are believed to be related to "autonomic mimicry." Basch (1983) explains:

> Because their respective autonomic nervous systems are genetically programmed to respond in like fashion, a given affective expression by a member of a particular species tends to recruit a similar response in other members of that species. As Freud (1921) suggested, this is done through the promotion of an unconscious, automatic, and in adults not necessarily obvious, imitation of the sender's bodily state and facial expression by the receiver. This then generates in the receiver the autonomic response associated with that bodily state and facial expression, which is to say the receiver experiences an affect identical with that of the sender. It is this autonomic mimicry, rather than the mechanism of identification, that explains the affective resonance (described here as a biological, not yet a psychological experience) that has been noted by all observers to be an essential part of the empathic experience. (p. 108)

Data that are gathered both cognitively and affectively must be disciplined with self-observation. In this way the therapist immerses himself deeply into the patient's experience without a loss of his own boundaries. While the affective aspects of empathizing emphasize merger (Beres and Arlow, 1974), cognitive ego functions of judgement and inference allow the empathizer to remain separate from the object (Buie, 1981; Schwaber, 1984). There in fact appears to be a vacillation between being a participant and being an observer.

Genetic Roots: A Developmental Line

Aside from the aforementioned theory of autonomic mimicry which posits a biological explanation for the emergence of the capacity for affective empathy, it is commonly held that the most primitive roots of the capacity for empathy lay in the mother-infant relationship. A classic article by Burlingham (1967) gives one of the earliest convincing presentations of this process.

The infant, she notes, is a receiver of stimuli and assimilates what he receives. He observes "with the whole of his sensory apparatus," and responds to varying expressions on the mother's face with pleasure or unpleasure. "Conclusions" are drawn and stored for future use. Thus begins the construction of the infant's inner world: "This fabric built from residues of external stimulation becomes more elaborate as the infant is able to extend his observation to the more complicated affective reactions shown by the mother" (p. 765). The infant learns to "sense" mother's mood and to become "infected" by it. He learns more by observing than by what is verbally presented to him. Early on the child notes that mother's words do not always coincide with what he senses. He then learns to adapt to living in two worlds: 1) a "real world" based on observations shared with no one, and one in which words are superfluous; and 2), an "adult world" made up of secondhand experiences verbally conveyed to him by his parents.

According to Burlingham, the child's conflict between his own perceptions and his need to be loved impels him to adopt the adult world. The confusion that may remain from this concession to adult power, however, may be dealt with by the collection and storage of an ever-increasing number of observations added to his inner world.

Burlingham compares and contrasts the development of humans with that of the rest of the animal world. While the initial learning through the sense organs is similar, the animal mother has not had to contend with adaptation to a second reality colored by words. She has consequently been allowed to go further and further in perfecting the use of her sensory apparatus. The human mother, by contrast, loses much of the perceptiveness and intuition she possessed as a child. In their place are "other abilities which a process of education has promoted and which are meant to serve adaptation to the customs and laws governing an adult human community" (p. 770).

Burlingham concludes that it is the child's early ability to observe emotions in the mother, even unconscious ones, that accounts for the human capacity to empathize. Even though these early abilities are dulled by the process of adaptation, they remain to some degree part of the human repertoire.

Bergman and Wilson (1984) agree with Burlingham's conclusion that a developmental line for the capacity to

empathize begins in infancy. Using Mahler's (1971) perspective of separation-individuation, these two analysts hold that it is the symbiotic phase and the period of early rapprochement that are most critical for the development of empathic ability.

The optimal scenario would proceed as follows: During the symbiotic phase, which begins around two months, there is mutual pleasurable interaction which is not based on merger but rather on "mutual attunement" (p. 63). "This presumes an early form of empathy on the part of the infant, an anticipatory sense of response of the other to the self, concomitant with an accommodation of the self to the other" (p. 64). Around five months, at the height of symbiosis, the differentiation subphase begins, and the infant experiences the awareness of sameness and difference. The infant learns to "read" another, and his experience with the world widens and becomes more complex. Next comes the practicing subphase at approximately nine months when the infant develops a capacity for independent locomotion. Bergman and Wilson maintain that so long as the mother remains "peripherally available," facilitative and not intrusive, the child will use his energies in the service of exploration and mastery. A smoothly proceeding practicing subphase is accompanied by a moratorium on the unfolding of the capacity for empathy because of its emphasis on narcissistic enhancement, autonomy and mastery.

Between 15 and 18 months the child starts to relinquish some of the intensity attached to exploration and returns to an interest in joining in mother's pleasure. This marks the beginning of the rapprochement subphase, the second critical period in the development of the capacity for empathy. The child is becoming more and more aware of his separateness and yet is pulled regressively toward an earlier time of symbiotic bliss. The conflict of this period, dubbed the "rapprochement crisis," reaches its peak around the second half of the second year. It is characterized by "a relative sense of helplessness, [and] a depressive mood often occurs as the mother can no longer consistently relieve the child's sense of aloneness" (pp. 69-70). This crisis is resolved in normal development with the mother surviving the rapprochement "storms" while remaining available and nonretaliatory. The child integrates representations of mother as both good and bad and the subphase of beginning object constancy is begun.

Shifting the focus from developmental tasks to "senses of the self," Daniel Stern (1985), a leading researcher in the field of infant observation, conducted a longitudinal study of infants and their mothers. As a result of his observations, Stern has formulated hypotheses about the infant's subjective and intersubjective experiences and about the growth and development of his senses of self. It is this sense of self that "serves as the primary subjective

perspective that organizes social experience" (p. 11). Stern posits that the senses of self are not viewed as successive and replacing one another. Rather, once formed, each remains fully functioning and active throughout life. All continue to grow and to coexist.

Of the four identified senses of self (the sense of an emergent self, the sense of a core self, the sense of a subjective self and the sense of a verbal self), it is the sense of a subjective self that perhaps has the greatest implications for the development of the capacity for empathy.

The sense of a subjective self begins at approximately seven to nine months and continues until approximately fifteen months. During this critical developmental phase, the experience of intersubjectivity between infant and other is made possible. The infant "discovers" other minds, as well as his own, and mental states can be "read," matched, aligned with or attuned to:

> At this stage, for the first time, one can attribute to the infant the capacity for psychic intimacy--the openness to disclosure, the permeability or interpenetrability that occurs between two people (Hinde, 1979). Psychic intimacy as well as physical intimacy is now possible. The desire to know and to be known in this sense of mutually revealing subjective experience is great. In fact, it can be a powerful motive and can be felt as a need-state. (p. 126)

It is during this phase that the sharing of affective states in a particular way results in the infant's capacity for affective attunement. This calls for the caretaker's

"performance of behaviors that express the quality of feeling of a shared affect state without imitating the exact behavioral expression of the inner state" (p. 142). This phenomenon is more complex than the autonomic mimicry discussed by Basch (1983). Although it too occurs largely out of awareness and almost automatically, it differs in that it goes beyond imitation to "state complementing," which is more than just a mirror image of the state itself. It actually "takes the experience of emotional resonance and recasts the experience into another form of expression" (p. 145). One example of state complementing cited by Stern occurs in the following exchange:

> A nine-month-old girl becomes very excited about a toy and reaches for it. As she grabs it, she lets out an exuberant "aaaah!" and looks at her mother. Her mother looks back, scrunches up her shoulders, and performs a terrific shimmy with her upper body, like a go-go dancer. The shimmy lasts only about as long as her daughter's "aaaah!" but is equally excited, joyful, and intense. (p. 140)

Stern believes that affective attunement differs from empathy because the latter must involve the mediation of cognitive processes. His understanding of empathy includes, therefore, both the cognitive and affective aspects. Affective attunement is considered, however, to be an essential component of empathy. So essential a component is it that Schwaber (1988) has given up the use of the term "empathy" in favor of "affective attunement" in order to

avoid all of the semantic confusion associated with the term empathy.

Burlingham (1967), Bergman and Wilson (1984), and Stern (1985) have all hypothesized about a developmental line for empathy based on child developmental theory. Pinchas Noy (1984), on the other hand, approaches a developmental line for the capacity for empathy through the identification of three key components of empathy. According to Noy, in order to be functionally empathic, a person must have a basic sensitivity to others, a perceptual mode or model of the mind, and a tendency for projection. When these three are combined and integrated, the capacity for "mature empathy" results.

Sensitivity to others is felt to be a genetically-determined trait that operates primarily in the realm of primary process. It requires empathic mothering to develop and is responsible for information gained through feelings, impressions and intuitions. This component uses techniques of mental representation and categorization to maintain an integration of self. As such, it is a self-centered process.

The perceptual mode refers to a concept of the mind, that is, to "a preferred mode of inner representation of a significant person" (p. 176). There are two alternative modes possible, one viewed "from without" and one "from within." It is the latter, the "from within" mode, that is

considered essential for empathy. The "from within" mode is a more complicated construct which allows for grasping "motives, contrary intentions, hesitations, and conflicts behind the observed behavioral response" (p. 177). The perceptual mode utilizes secondary process and enables information gained through the primary process mode to be organized in concepts and translated into words. In order for it to develop, the "from within" mode requires the acquisition of some model of the mind that considers looking into the mechanism to understand how its parts work.

Noy calls the third component of empathy the tendency for projection. Like the perceptual mode, the tendency for projection is a secondary-process operation. This component makes possible "the projection of personality or self into the inner image created by the perceptual mode" (p. 178). In order to develop the tendency for projection, successful self-object differentiation is required. It is this component that makes possible the "emotional knowing" of another, a detachment of self-centeredness, and a perception of the object as existing in its own right. Noy believes that family patterns of verbal and nonverbal communication influence the development of the tendency for projection. This belief is consistent with Atwood and Stolorow's (1984) assertion that a child must have good mirroring and affirming selfobjects in order to achieve a consolidation of self-object differentiation.

Life Experience

In attempting to examine qualities related to being an effective psychotherapist, many studies have suggested the influence of life experience. One type of experience most frequently referred to is that which occurs during and subsequent to a therapist's training. Fiedler (1950), for example, in comparing therapists at the expert and nonexpert level found that "experts" (those with the most experience) more closely approximated the ideal therapeutic relationship regardless of theoretical orientation. This ideal relationship was related to the therapist's ability to understand, to communicate and to maintain rapport. Other studies have supported the finding that therapists appear to gain in their ability to communicate empathically over time (Hill, 1975; Mullen and Abeles, 1971).

Carsen and Roskin (1984) considered the learning experiences of 24 residents in psychiatry in order to determine what is helpful and what is detrimental in acquiring the skills necessary for effective psychotherapy. One part of their study sought to identify which experiences are seen as promoting empathy with patients. Seventy-eight percent of the respondents rated empathy as one of the three most important traits a therapist must have, with thirty-five percent considering empathy the most important trait. All of the subjects cited life experiences outside of training as having contributed to their capacity for

empathy. Childhood identification with an empathic parent was one specific experience proposed as an important determinant of empathy. Another was experience with an empathic supervisor which brought about an identification with a professional function.

In 1971 three researchers, William Henry, John Sims, and S. Lee Spray published the first volume of an extensive exploratory study into the personal backgrounds and the origins of professional choice among psychotherapists. Called The Fifth Profession to reflect the similarity of practice function arrived at through four different disciplines (psychiatry, psychoanalysis, psychology and social work), this study contains data from in-depth interviews with 300 psychotherapists in three major metropolitan areas. In addition, the total population of mental health professionals in the same three cities (New York, Chicago, Los Angeles) were queried by mailed questionnaire. A second volume Public and Private Lives of Psychotherapists (1973) completes the documentation of the study's findings and highlights individual development and the family of origin. Although it was not the intent of this expansive study to investigate the origins of the capacity for empathy, the findings do contain valuable data about early life experiences of psychotherapists.

One of the hypotheses underlying the study by Henry et al. is that choice of profession is influenced by early

relationships and development. The study in fact concluded that the sample was "undistinguished" in family history and that there was "nothing in these early family experiences that would account for their [psychotherapists'] specific choice of mental health work" (p. 193).

Measures of Empathy

There have been numerous attempts since the mid-1960's to construct measures of empathy (Chlopan et al., 1985). Two measures in particular have received considerable attention in the literature, each measuring a different aspect of the empathic process. One scale focuses on the cognitive aspects (Hogan, 1969) while the other addresses the affective components (Mehrabian and Epstein, 1972) of empathy. Both of these scales have been subsequently employed by researchers other than the originators to investigate the relationships between empathy and other phenomena (e.g., Kalliopuska, 1984; Matthews et al., 1981; Johnson et al., 1983). Such widespread utilization of the scales has additionally made it possible to assess both the reliability and validity of the scales themselves. While it has been determined that each scale is reliable and is valid for what it attempts to measure, it is also clear that the concept of empathy actually encompasses a broader range of variables than addressed by either scale alone. A low correlation between the scales validates this observation (Davis, 1983). With this concern in mind, Davis (1980) set

out to develop a scale which is a multidimensional approach to the concept of empathy. Before reviewing the scale which Davis labeled the Interpersonal Reactivity Index (IRI, Davis 1980), the earlier scales of Hogan (1969) and Mehrabian and Epstein (1972) will be discussed.

Mehrabian and Epstein noted that two paths had been pursued by those who attempted to measure empathy. The earliest was the cognitive role-taking approach initiated by Dymond (1949) and later expanded by others (Cline and Richards, 1960; Hatch 1962; Kerr and Speroff, 1951; Mahoney, 1960; Rogers, 1957). This approach defined empathy operationally as "using one's imagination to understand and accurately predict a person's thoughts, feelings and actions" (p. 525, Mehrabian and Epstein, 1983). The second approach, which emphasized emotional responsiveness (Stotland, 1969), defined the path Mehrabian and Epstein chose to develop further. It was their intention to develop an adequate measure of "emotional empathy" and to test its validity. They accomplished this in two different settings in relation to aggressive behavior and helping behavior.

The Mehrabian and Epstein scale is known as the Questionnaire Measure of Emotional Empathy (QMEE), a 33-item list with intercorrelated subscales. Response to each item is made along an eight-part continuum from +4 (very strong agreement) to -4 (very strong disagreement). Signs preceding each item (not visible to the respondent) indicate

the direction of scoring. A high score indicates high empathy. Seven subscales measure related aspects of emotional empathy: "Susceptibility to Emotional Contagion," "Appreciation of the Feelings of Unfamiliar and Distant Others," "Extreme Emotional Responsiveness," "Tendency To Be Moved By Others' Negative Emotional Experiences," "Tendency To Be Moved By Others' Positive Emotional Experiences," "Sympathetic Tendency," and "Willingness To Be in Contact with Others Who Have Problems."

Results of the experiments which Mehrabian and Epstein used to explore the validity of the QMEE showed the measure to be valid. A study by Adams, Schvaneveldt, and Jenson (1979) also replicated the internal consistency of the scale using an adolescent population (cited in Chlopan et al., 1985). Validity of the QMEE was also tested in the two experiments involving aggressive behavior and helping behavior and found to be sound. Numerous additional studies have used the QMEE to understand the relationship of empathy to personality variables, moral conduct and character, and situational conditions. These have supported the validity and reliability of the QMEE, particularly for males (Chlopan et al., 1985).

Before Mehrabian and Epstein developed their QMEE, Hogan (1969) constructed his empathy (EM) scale. Hogan utilized the services of 14 lay persons who were asked to describe a highly empathic man using a 50-item California

Q-sort. They were given the cognitively-biased standard definition of empathy as "the intellectual or imaginative apprehension of another's condition without actually experiencing that person's feelings." Given the high reliability computed for his experiment, Hogan concluded that empathy is "a recognizable and meaningful concept." The composite description obtained was used as the empathy criterion. The following five items were selected as most descriptive of a highly empathic man:

1. Is socially perceptive of a wide range of interpersonal cues.
2. Seems to be aware of the impression he makes on others.
3. Is skilled in social techniques of imaginative play, pretending and humor.
4. Has insight into own motives and behavior.
5. Evaluates the motivations of others in interpreting situations.

The following 5 items were selected as least descriptive of a highly empathic man:

1. Does not vary roles; relates to everyone in the same way.
2. Judges self and others in conventional terms like "popularity," "the correct thing to do," social pressures, etc.
3. Is uncomfortable with uncertainty and complexities.
4. Is extrapunitive; tends to transfer or project blame.
5. Handles anxiety and conflicts by, in effect, refusing to recognize their presence; has repressive or dissociative tendencies.

Hogan (1969) accomplished a series of validity studies. The final check was made by correlating empathy scores with subjects' scores on the California Psychological Inventory,

the Minnesota Multiphasic Personality Inventory and the Chapin Social Insight Test. The positive correlations which resulted showed that empathy appears to be related to adequate social functioning. Following the validity checks of the criterion, Hogan decided upon 64 items for the final scale. Hogan (1969) next conducted extensive reliability and validity studies on the 64-item scale. As with Mehrabian and Epstein's QMEE scale, subsequent studies have employed the EM scale to study the relationship of empathy with personality, moral conduct and character, and situational studies (Chlopan et al., 1985). In general, the EM scale has been found to be both a valid and reliable measure.

Davis (1983) submitted persuasive evidence for a multidimensional approach to empathy through the use of the Interpersonal Reactivity Index (Davis, 1980). The 28-item IRI scale addresses four discrete aspects of empathy: perspective-taking (PT), fantasy (FS), empathic concern (EC), and personal distress (PD). Davis (1983) was able to show significant intercorrelations between the four aspects of the scale and measures of social functioning, self-esteem, emotionality, and sensitivity to others. He found, for example, that perspective-taking bore a positive relationship to social competence and to self-esteem. Fantasy and empathic concern both showed positive relationships to emotionality and to sensitivity to others.

Personal distress, on the other hand, yielded a negative relationship to social competence and to self-esteem. Only one of the four aspects was shown to yield a positive relationship to intelligence, and that was fantasy. Davis (1983) also tested the relationships between the Interpersonal Reactivity Index Subscales and Hogan's EM scale and Mehrabian and Epstein's QMEE. As he had expected, Davis found that Hogan's cognitive EM scale correlated positively with the most cognitive aspect of the IRI, perspective taking. Fantasy, empathic concern and personal distress were more strongly related to the emotionally-biased QMEE. Personal distress, as expected, yielded a negative relationship to the cognitive EM scale.

The proposition that Davis' multidimensional approach to measuring empathy would be more effectively comprehensive than the use of either the EM scale or the QMEE appears to be borne out by the data (Davis, 1983). Validity and reliabilty have been adequately established (Davis, 1983).

Unfortunately, the QMEE, the EM and the IRI have not been tested as reliable and valid measures of the empathic capacities of mental health professionals. Their usefulness for this study will therefore be limited to their contribution of having identified variables positively correlated with empathy.

CHAPTER III

METHODOLOGY

Overview

Wilhelm Dilthey (1833-1911) was one of the founding fathers of the anti-positivist movement who contributed significantly to research methodology for the human sciences. Positivism, "a philosophical viewpoint that knowledge is limited to observed facts and what can be deduced from those facts..."(Longman, 1984), was challenged by Dilthey as inadequate for the study of human phenomena. Because knowledge of the human condition cannot be obtained through data arrived at strictly through the use of the senses, as the positivists held, Dilthey suggested that experience is the source material for the human sciences. The goal of human sciences, Dilthey said, should be "to understand the order that underlies the process of human existence" (Polkinghorne, 1983, p. 26), and "to explicate the processes by means of which experience is meaningful" (Polkinghorne, 1983, p. 27).

In his review of the philosophy of science, Wolman (1973) credits Dilthey along with Windleband (1894) and Rickert (1899) as helping to divide the sciences into Naturwissenshaften (natural sciences) and Geisteswissenschaften (humanities), and thus to influence the thinking and the work of future generations of American and European psychologists. The difference between the

natural sciences and the human sciences was summed up by Wolman (1973) quite simply:

> Natural sciences observe from without and they explain (erklaren) what they see. Psychological data are given in inner perception: they are lived experiences of the human mind and they do not need explanation. (p. 39.)

Research Design

It is in keeping with the view of the task of the human sciences being that of "an examination of life experience in individual manifestations" that this study has been undertaken. More specifically, it is the identification and the examination of life experiences in the personal histories of experienced practitioners of psychotherapy that has provided the focus for the gathering of data.

In a book entitled Social Work Research edited by Norman Polanski (1975), researchers Samuel Finestone and Alfred J. Kahn note the appropriateness of different levels of research. When dealing with an undeveloped area of knowledge, they explain, an exploratory design may be needed to prepare for more systematic research. Personal histories of psychotherapists have been reviewed extensively by Henry et al. (1971, 1973), Burton (1972) and Goldberg (1986). None of these scientists, however, have attended to variables which academic psychology has empirically correlated with empathic capacity. The work of Carsen and Roskin (1984) attempted to identify life events to which subjects (psychiatric residents) attributed their ability to

be empathic, but these events were merely mentioned and not described in depth. Thus the literature reveals a paucity of research from which one might garner information about detailed patterns of life experiences associated with psychotherapists' capacity for empathy. No research could be found which cited those life experiences that matured the therapist into being able to utilize object-centered, or professional, empathy.

This study has employed an exploratory design to gather data which reveal patterns of life experience associated with the development of the capacity for empathy. The objective of such an inquiry has been to suggest useful hypotheses and thus to lay the groundwork for future empirical investigations.

Instrumentation

The data for this study was collected through the use of a semi-structured interview. Using this method, the researcher employed an interrogatory stance designed to elicit detailed information about recalled experiences associated with early maternal care, traits correlated with high levels of empathy, and experiences promoting personal maturity necessary for object-centered empathy. Lofland (1971) describes this kind of interview as "a guided conversation to enlist rich, detailed material that can be used in qualitative analysis" (p. 76).

Isaac and Michael (1982) point to the following advantages of an interview format as opposed to the use of a questionnaire:

1. Permits greater depth
2. Permits probing to obtain more complete data
3. Makes it possible to establish and maintain rapport with respondent or at least determine when rapport has not been established.
4. Provides a means of checking and assuring the effectiveness of communication between the respondent and the interviewer. (p. 138)

The interview was designed to be semi-structured rather than unstructured so that a focus on all three divisions of life experiences could be maintained. It was semi-structured rather than structured to encourage the subjects to elaborate at greater length on their life experiences and thus to allow for the emergence of new, unanticipated categories of experience.

A strategy for obtaining responses has been suggested by Jenkins (Polanski, 1975). The researcher made use of one of Jenkins' techniques known as the "funnel technique" which calls for the interview to open with a broad question. The interviewer then proceeds to narrowing the general area of inquiry into more detailed and specific areas.

Empathy Survey

Prior to participation in the interview, each subject was mailed a three-page, sentence-completion "Empathy Survey" (Appendix E). The survey took approximately twenty minutes to complete. Subjects were asked to return the

questionnaire to the researcher in a pre-addressed, stamped envelope within three weeks. This survey was devised by the researcher to accomplish the following:

1. To validate selection criteria of currently practicing using a psychodynamic orientation; having been in practice for at least ten years; having received individual intensive psychotherapy.

2. To provide respondents with an opportunity to think about and explore life experiences in relationship to empathy (questions 5, 6, 9, 10, 12).

3. To assess respondents' conceptual understanding of empathy (questions 1, 2a, 4, 5a, 6a, 8).

4. To collect opinions as to whether or not respondents felt they employed empathy differently in their personal and professional lives (question 13).

Pilot Study

A pilot study consisting of three subjects who met the selection criteria was undertaken for the purposes of testing the efficacy of the "Empathy Survey" (Appendix E), and to refine and standardize the interview protocol.

Broad Categories for Interview Consideration

The interview commenced with a general question of "What in your life experience do you feel has contributed to your capacity to be empathic?"

During the course of the interview, the researcher held in reserve questions about six categories of experience

gleaned, for the most part, from research undertaken to identify variables related to high levels of empathy:

1. Life experiences related to the development of the capacity for fantasy (Hogan 1969; Davis, 1983; Meares, 1963; Schafer, 1983). Since the ability to imagine is part of the process of the search for internal referents, the use of inference and the construction of a mental model, were there significant experiences that nurtured this capacity?

2. Life experiences which have contributed to the development of sensitivity to the needs of others (Davis, 1983; Johnson, 1983; Noy, 1984). The development of this capacity would appear to be related to a heightened ability to sense perceptual cues. Were there life experiences that fostered this sensitivity?

3. Life experiences that aided the ability to manage personal distress (Davis, 1983). The experience of personal distress is inversely correlated with high levels of empathy. Life experiences dealing with both personal distress and its management therefore constitute important internal referents and are indicative of progress toward personal maturity. What kinds of experiences were there that aided in the management of personal distress?

4. Life experiences that reflect an orientation toward nonconformity (Johnson et al., 1983). Because high scorers on scales which measure nonconformity are reported to be open to new information, including cues about another

person's state of mind; and because nonconformity is inversely related to authoritarianism (Adorno et al., 1950), were there life experiences that reflect such an orientation?

5. Life experiences which have supported the development of the ability to differentiate between self and other (Rogers, 1957). In support of the proposition that empathy is not in fact a process of merger, and that in its purest form is not contaminated by countertransference, were there life experiences that contributed to clearing the perceptual field such that one's experiences could be seen as similar but not identical to that of another?

6. Life experiences which have nurtured an ability to tolerate "the unknown, the strange and the bizarre" (Greenson, 1966; Mehrabian and Epstein, 1972). Were there experiences that contributed to this kind of tolerance?

In addition to the above six categories, subjects were asked to describe, to the best of their ability, the quality of the early maternal environment in which they began their lives. This material was expected to be more speculative, impressionistic and experience-distant than other categories of experience queried. Finally, subjects were asked to identify and describe which experiences they felt prepared them for the use of empathy in a professional manner and setting.

Population

The population consisted of eight clinical social workers (M.S.W., Ph.D. or D.S.W.) who had been nominated on the basis of the following criteria:

1. Judged by peers as "empathic" using Hogan's (1969) 10 item criteria:

> 1. Is socially perceptive of a wide range of interpersonal cues.
> 2. Seems to be aware of the impression he makes on others.
> 3. Is skilled in social techniques of imaginative play, pretending and humor.
> 4. Has insight into own motives and behavior.
> 5. Evaluates the motivations of others in interpreting situations.
> 6. Is able to vary roles; does not relate to everyone in the same way.
> 7. Does not judge self and others in conventional terms like "popularity," "the correct thing to do," social pressures, etc.
> 8. Is comfortable with uncertainty and complexities.
> 9. Is not extrapunitive, nor tends to transfer or project blame.
> 10. Does not handle anxiety and conflicts by refusing to recognize their presence; has neither repressive nor dissociative tendencies.

2. Judged by peers as "empathic" according to Barrett-Lennard's (1962) definition of empathy as

> an active process of desiring to know the full, present and changing awareness of another person, of reaching out to receive his communication and meaning, and of translating his words and signs into experienced meaning that matches at least those aspects of his awareness that are most important to him at the moment. It is an experiencing of the consciousness 'behind' another's outward communication, but with continuous awareness that this consciousness is originating and proceeding in the other.

3. Judged by peers as "professionally empathic"

according to Buie's (1981) designation as one who allows the patient to exist in his own right, and not for the fulfillment of the therapist's own narcissistic needs.

4. Practices using a psychodynamic theoretical orientation.

5. Has been in practice for 10 years or more.

6. Has received personal intensive psychotherapy.

7. Assessed by the researcher as knowledgeable about empathy on the basis of answers provided to questions 1, 2a, 4, 5a, 6a and 8 on the "Empathy Survey" (See Appendix A).

Among the eight clinical social workers who served as subjects for this study, all held masters degrees and two, doctoral degrees. Among those who did not have doctoral degrees, four had pursued additional advanced graduate training. Seven subjects had received intensive personal therapy at least once in their lives. All were currently engaged in private practice employing a psychoanalytic or psychodynamic orientation. Three of the subjects had been in practice between ten and twenty years; two between twenty and thirty years; and three subjects had been in practice for more than thirty years. All subjects were female.

Procedure

The criteria for subject eligibility were distributed to sixty-five students and alumni of the California Institute for Clinical Social Work doctoral program, to independently organized peer consultation groups of clinical

social workers in Los Angeles and Ventura Counties, and to members with Fellowship standing in the Los Angeles chapter of the California Society for Clinical Social Work. A cover letter (Appendix A) accompanied the criteria and definitions (Appendix B) and described the nature and purpose of the study. Clinicians were asked to nominate another clinician thought to meet the criteria. A reply form (Appendix C) and a stamped, self-addressed return-envelope were included with the cover letter to encourage response.

Twenty social work psychotherapists were nominated by their peers and contacted by the researcher by mail. A cover letter (Appendix D) explained the purpose of the study and the procedure used to procure their names. Nominees were congratulated on their selection and assured of confidentiality should they wish to participate in the study. They were invited to complete the "Empathy Survey" and to indicate on the final page of the survey if they would be willing to participate in a two-hour, in-depth interview of a highly personal nature.

Four completed surveys were returned by clinicians who did not wish to be interviewed; seven made no response to the request. Nine clinical social workers returned surveys indicating a willingness to be interviewed. Of the nine, one later declined for personal reasons. The answers to pre-selected questions on the "Empathy Survey" were reviewed by the researcher to eliminate those whose conceptual

understanding of empathy was not congruent with that used in this study (Barrett-Lennard, 1962). All eight respondents were assessed as eligible for population inclusion. These eight were contacted by telephone and later interviewed in person at a mutually convenient time and place. At the time of the interview, subjects were asked to sign an "Informed Consent Form" (Appendix F) which indicated the parameters of confidentiality. The interviews were tape-recorded to ensure accurate reporting of the data collected.

Analysis of the Data

Data obtained from eight two-hour, tape-recorded interviews were analyzed according to a variety of principles which govern qualitative research. In particular, the strategies outlined by Glaser and Strauss (1967) for the discovery of theory which is grounded in actual data has guided the treatment of the data.

The methodology proposed by Glaser and Straus (1967) is one of "constant comparison" which occurs in four stages:

1. comparing incidents applicable to each category
2. integrating categories and their properties
3. delimiting the theory
4. writing the theory (p. 105)

The taped interviews were listened to by the researcher and written notes were made. The interviews were listened to a second time to ensure accuracy and thoroughness of the notes. Major topics and themes were then highlighted in color on the notes. Each theme and topic was labeled and

transferred onto a list. The researcher then took a frequency count of the mention of themes and topics among subjects. Those themes and topics which appeared in at least fifty percent (four or more) of the interviews were fed onto a master list of forty-two, preliminary, codified themes (Appendix G). The themes were then categorized according to whether they represented traits, experience, skills, or a combination. Items on this working list of tentative categories were then checked for discreteness of properties and condensed in a way that would accurately represent the entire population. The final reduced list has yielded eleven categories with seven subcategories distributed within the three groupings of traits, experience and skills. These comprise the findings of this study.

Glaser and Strauss note that there is controversy regarding the form in which grounded theory is presented. Some researchers prefer to present theory as a well-codified set of propositions or hypotheses. Others prefer the format of "a running theoretical discussion, using conceptual categories and their properties" (p. 31). This study pursues the discussional form.

CHAPTER IV

FINDINGS

Introduction

The undertaking of this study has been fueled by the conviction that life experience and events impact upon who one becomes and how one chooses to conduct oneself both personally and professionally. An extension of this conviction is the speculation that specific life experiences in combination with specific personality traits might be strongly associated with a common outcome. If one considers a common outcome first, however, might one then discover through retrospective exploration common life experiences, events, personality traits and capacities?

"Experienced Empathizers" constitute the focus of common outcome identified as this study's population. Experiences, events and personality traits comprise the collected data from which commonalities have been sought. It has been the intent of this study to identify these commonalities in order to contribute some insight into the phenomenon of the capacity for empathy and its professional use.

Empathy, as it is used in this study, is defined as

> an active process of desiring to know the full, present and changing awareness of another person, of reaching out to receive his communication and meaning, and of translating his words and signs into experienced meaning that matches at least those aspects of his awareness that are most important to him at the moment. It is an experiencing of the consciousness "behind"

> another's outward communication, but with continuous awareness that this consciousness is originating and proceeding in the other. (Barrett-Lennard, 1962)

The professional use of empathy negates that empathy be employed to fulfill a therapist's narcissistic needs.

The literature reveals no systematic gathering of historical data from the backgrounds of social work psychotherapists in order to examine what relationships might exist among personal histories, the capacity for empathy, and the professional use of empathy. This study is therefore necessarily exploratory in design.

Data Collection

With subjects having had the opportunity, through completion of the "Empathy Survey," to be reflective about life experience and its relevance to their capacities for empathy, the interview commenced with the following question: "What has there been in your life experience that you feel might have contributed most significantly to your ability to be empathic?" Working both backward and forward in time, the researcher attempted to elicit a general overview of each subject's life. Prominence was given to descriptions of the families and communities in which the subjects were raised, relationships with peers and significant others, experiences of childhood, adolescence, young adulthood, and personal interests and ambitions. Subjects were free to expound on what they felt to be of special import given the development of who they are today.

The researcher held in reserve six pre-determined categories to inquire about in the event that they were not addressed spontaneously (see pp. 42-44). These categories pertained to capacities correlated in the literature with high levels of empathy. They were devised to serve as an interview guide and not a structured schedule. The attitude of the interviewer was to be present with the subjects as a colleague and peer, but to assume an empathic stance more typical of the clinical interview.

Treatment of the Data

The data were sorted out and analyzed according to the Constant Comparative Method developed by Glaser and Strauss (1967). This is a method for discovering

> theories, concepts, hypotheses, and propositions directly from the data, rather than from a priori assumptions, other research, or existing theoretical frameworks....[In using this method] the researcher simultaneously codes and analyzes data in order to develop concepts. By continually comparing specific incidents in the data, the researcher refines these concepts, identifies their properties, explores their relationship to one another, and integrates them into a coherent theory. (Taylor and Bogdan, 1984, p.126)

The taped interviews were reviewed by the researcher and written notes were made. Major topics and themes were identified on the notes for each interview, labeled, and fed onto a master list. A master list of forty-two items thus became a working list of tentative categories. Categories were checked for discreteness of properties and condensed whenever appropriate. Each interview was then screened once

more for the presence of any of the categories included on the reduced master list. The final condensation has yielded eleven categories with seven subcategories distributed within three broad classifications.

Before presenting the analysis of the data, the data will be introduced in the form of summarized life stories. In order to protect the confidentiality of the subjects, there will be no reference to specific identifying characteristics such as age, ethnicity and unique contributions to the field of social work. Circumstances in a history unique enough to threaten anonymity have been isomorphically disguised.

The Data

Jennifer

Jennifer remembers as a very young child secretly cautioning herself in order to avoid compounding her pain with her mother's distress.

> I had to figure out how to steer around my mother's vulnerabilities...don't ever put my mother in a position, don't ever present her with any problems 'cause she'll just worry. Just understand that she's like that. Don't ask her to relate to anything that ever hurts me.

Jennifer has always felt that her mother "could not stand" to empathize with her. Jennifer had been born with a serious congenital condition. Because her once unmarried mother had attempted to abort her, her mother was never to know whether this action had been responsible for her

daughter's condition. What Jennifer therefore had to live with was a mother who, unable to tolerate her own guilt, blatantly denied an important aspect of her daughter's reality. Jennifer recalls the impact of one moment in time in which she became consciously aware of this denial; she suddenly entertained the thought that perhaps her mother was crazy.

Because of mother's unusual work schedule, Jennifer spent the first three years of her life in a foster home. Mother would come to visit often. When mother later married, the new unit of three lived together until Jennifer left for college. Mother was "dutiful," Jennifer felt; conscientious about child rearing as it was popular then, when "structure was all." In keeping with her "poised stage presentation," mother's overvaluing of appearances prompted the instructing of Jennifer in the art of being feminine. Jennifer learned how to "look good" for her mother, but resigned herself very early on to the knowledge that painful feelings were not something mother wanted to know about: "A lot of what she taught me was good; it's just that I was never allowed to feel bad." Jennifer remembers crying only twice during her childhood, once in the first grade and again in the seventh.

Jennifer's step-father, on the other hand, seemed to have a natural sensitivity to her needs. She feels that she got from him the kind of understanding she felt required to

give to her mother. Jennifer's father's empathic responsiveness was of the unspoken kind. He just always seemed to know how to be available to comfort and protect her. He had a bad temper and was fiercely loyal to her mother, but to Jennifer he was warm and safe, a "pillow" rather than a pillar.

Having learned early on the importance of hiding her distress in compliance with the family rule of not discussing feelings, Jennifer discovered two important sources of comfort: reading and a private world of fantasy. She remembers devouring books and developing elaborate fantasies which often overlapped with what she was reading. There was a serial in the Saturday Evening Post, for example, in which she assigned herself a part. Her fantasies would be especially active at bedtime, but during her teen years they created some embarrassment when they spilled over into her real life. She made up stories of boyfriends to please her mother and to reassure herself, but remembers with embarrassment that once she got caught. Jennifer's world of fantasy would always remain sacredly private. Even later as an adult in therapy she would guard them in a way that surprised even her.

Jennifer's private world of fantasy was but a single manifestation of knowing that her thoughts could be hers and hers alone. This was a realization that exploded at age three in the context of an event which conferred upon her "a

premature sense of separateness." Jennifer's mother had been in the habit of placing her in a corner when she had been naughty. Although told to "sit there and think about what a bad girl you've been," Jennifer was struck with knowing that actually she could think about anything she wanted to. "My mind became my own very early," she now recalls with some thrill still attached to the memory.

Jennifer feels that the dual abilities of hiding her mind from her mother, yet being sensitive to her mother's cues so as to know what was in her mind, gave her an edge in dealing with others. In junior high she had the reputation of being a good listener, someone "older and wiser" who liked to help people. She was socially competent, always connected to a circle of friends, one best friend and a few to whom she felt deeply attached. She recalls with pride that she always did "fine" with the boys.

After leaving home and friends to attend college, Jennifer sought therapy at age nineteen for the first time. She knew something was very wrong, but did not know to call it a depression. This initial therapeutic experience was brief, but would hold her until as a young AFDC social worker she would return to the psychiatric consultation room because "that was the thing to do at the time." Her third and most meaningful experience would be an analysis motivated by a devastating post-divorce depression. She feels that her therapy ended badly because her analyst would

not help her separate at a time when she felt she had reaped enough from their work together. In spite of this, she credits this experience with helping her discover the power of her unconscious mind, and of working through self-delusions that had stemmed from her mother's faulty mirroring. Although painfully angry at her therapist's resistance to termination, Jennifer felt highly respectful of his genuineness and integrity and never once doubted his commitment to her growth and healing.

When asked to identify which experiences have helped mature her to be able to practice a professional form of empathy, Jennifer cites having learned that it was more satisfying to do a good job than to be loved or admired. "Even as a kid I wanted to stay within the lines when I colored," she recalls.

> But, she adds, I do have a problem of needing to make my clients do what I think is right. It's a judgmental streak...my values...it gets harder as I get older. With age comes the accrual of a data bank of pain; seeing the results of certain choices. I feel burdened with knowledge, not so much that I have a sense of what is going to work, but I know what isn't.

Yet because of this awareness, Jennifer works hard at "letting people take the paths they need to take for their own growth." Her constant monitoring of her own needs as a source of possible contamination of the work is also reflected in her preference for using the couch. In this way she feels she can focus most completely on her patients

without having to devote energy to concealing her own reactions to their material.

Penny

Like Jennifer, Penny had a mother with whom she felt unable to share her distressful feelings. But for Penny, mother's seeming unavailability was even more confusing. Mother, after all, had a graduate degree in child development. Penny understands now that her mother's brand of educated mothering was of a highly intellectualized nature, and lacking in an appreciation of a child's inner world.

> She was more externally-oriented...believed in feeding on schedule and that sort of thing. I remember once when she was putting oil on my brother; she said it was like getting a turkey ready to put in the oven... She definitely wasn't a Brazelton, you know."

It seemed to Penny that her mother was more comfortable with adults, preferring the company of other well-educated women to that of her children. At age four Penny remembers deciding that she would become her mother's helper rather than a burden. Mother was then pregnant with the second of Penny's three brothers. Penny reasons retrospectively that her mother must have been overwhelmed during that time since her father was confined to bed recuperating from a severe accident in which both of his legs had been broken. Because mother "would yell in an unpredictable way," Penny learned how to stay out of her way, and how to assess her mood so as to know when it was safe to be around her. But what Penny

noticed too was that her mother was "beautiful," and she can still recall many details of her dressy wardrobe and good jewelry. She admired her and liked feeling special for being her only daughter.

The first ten years of Penny's life were spent in a small military installation in the middle of the desert. She began school early at four years of age and "did terribly, got in trouble a lot and hated it." She remembers always feeling "marginal and out of the mainstream." One particularly poignant memory concerns a comment on her report card that read "Penny is a copycat" because she tried to do and be like the other children in order to fit in. This was a painful time yet she never shared her distress with her mother. Penny reasons now that growing up in the desert, while real, also represented metaphorically the barrenness of her childhood. There was a quality of distance and detachment that she ascribes to each of her parents, she was not close to the brother closest to her in age, and she had only one close friend with whom to play. Relief came in the form of an annual trek to the Midwest to visit her grandparents. She recalls the excited anticipation of seeing green fields and rivers and a special aunt who was everything she wished her mother to be.

When Penny was ten her family moved to a large southwestern city. There her father attempted an independent business venture which unfortunately failed and

the family moved again within nine months. This relocation, although brief, left its mark by providing her first separation experience (from her only friend), an exposure to racial segregation, the experience of feeling like her newly-born brother's primary caretaker, repetition of a grade in school, and the onset of a school phobia. In addition, for the first time the family lived in something other than a rented house with rented furniture in a neighborhood where the houses were actually different colors.

The family's next move, to the West Coast, ushered in the beginning of a new phase of positive self-experience. Now in junior high, Penny discovered that she could be a straight A student and a member of a popular peer group. She had such a good time having fun and felt so connected with peers that in high school her grades once again began to suffer. At the end of her sophomore year the family moved approximately 150 miles away. Penny felt crushed and punished for having enjoyed her active teenage life. It was Penny's father who acknowledged her distress during this period, but he would cry as he would try to comfort her and this would drive her pain into a deeper hiding place. With a silent vow to leave home as soon as she completed her new high school, Penny resumed getting good grades and worked on weekends and during the summers to save money for college.

She entered a good university far from home as a science major.

Penny's college years were fast and full. It was the 60's, and she was surrounded by drugs and protest movements; there were no limits. She switched her major to social work, "hated it," and switched to psychology. She worked for two summers at a colorful and flashy resort which operated around the clock. It was there that she met a student from the East, also a summer employee, who would later become her husband. A new life on the East Coast began with a job in a bank, then a social work position in a large state mental hospital, and then graduate school in social work. Penny credits her hospital experience with influencing her choice of profession. Not only was the contrast with her job at the bank striking, but she had "wonderful women supervisors...more women who gave me what I didn't get from my mother."

Penny and her husband returned to California before their first child was born. She would remain married for eighteen years and bear three children. She states that it took her ten years to learn how to juggle family and career. For all those years she felt she did it poorly, blamed herself and suffered alone.

"Compartmentalization" is the defense Penny identifies having used to manage conflicting pieces of her life, and to cope in an unsatisfying marriage. When her marriage finally

ended, Penny entered therapy. For the first time she felt understood by a man in a way neither her father nor her husband had been capable of.

> I allowed myself to be spontaneous in a way I had never been before because of a fear of closeness. I had always been afraid that closeness would result in more deprivation...of my unmet needs.

Penny now feels that acceptance of responsibility for self-care is perhaps one of the most important lessons she has learned that allows her to be available to her patients.

> Not too long ago I realized this through therapy; having them [needs] unmet for so long, realizing my responsibility for getting my needs met. It's a recent change, a clear change between now and then and the impact that has on my ability to hear and understand. ...[My] neediness has been an issue for so long.

Lauren

Lauren considers herself fortunate for having had a childhood relatively untouched by trauma and deprivation. An only child, Lauren was raised in a major midwestern city by parents whom she regards as having been unreservedly committed to her care and growth. "My mother," Lauren relates, "was probably one of the first Kohutians." Conceding that mother also had some areas of "blindness and narcissism," Lauren goes on to recall an early memory demonstrating characteristic gratification and sensitivity. Around the age of three Lauren had expressed to her mother her need to be a baby. Mother got out a baby bottle, filled it with milk, and nursed her on her lap. There were many

instances, she felt, when mother volunteered a patient and sensitive ability to step into her shoes. Although Lauren imagines that her friends might have described her mother as somewhat stiff and intellectual, Lauren's descriptions reveal a cultured and educated woman carefully responsive to her daughter's need for security and generous in her provision of emotional and intellectual stimulation. Mother loved to read to her daughter, and it was not unusual that she would do this until her voice would give out. Some of Lauren's favorite memories are of curling up in her mother's bed to be read to. The fact that mother was thin and somewhat stiff would be compensated for by the softness and warmth of her bed and pillows. They would also do homework together and Lauren felt "her contagious pleasure in learning." This teaching mother also gave instructions in the art of relationship:

> My mother gave me a model for connecting with people, being giving in a relationship. Relationships were not haphazard. They were carefully managed and reciprocal. "You don't forget about people," she would say. "If you don't keep reaching out in a relationship, it dies."

Although by far the most influential, mother was not the only female nurturer and teacher in Lauren's young life. An aunt also consistently demonstrated "an attitude laced with empathy." She was a social worker psychotherapist who never failed to take Lauren's feelings seriously. She and her husband were a childless couple with a house in the

country which Lauren regarded as her second home. By the time Lauren was six or seven years old, her aunt would be sharing stories about the people she worked with, how they felt, and some of the problems they had to manage. Lauren suspects there might have been some rivalrous feelings between her aunt and her mother, but this was not experienced as conflictual, nor did it stand in the way of the development of their rich relationship.

Until she left for college, Lauren's family's two consecutive urban homes consisted of large apartment communities. These were closely-knit ethnic communities where Lauren would frequently visit neighbors or play in the park across the street. She still recalls the sounds and smells of the friendly and safe environment. The first "elevator building" was a part of a university community, and Lauren lived there until her parents moved across town. This move meant a new high school for her junior and senior years and an experience with separation from schoolmates. Although she never established "strong roots" with her new friends and community, she did manage a comfortable adaptation to the change before moving away to attend college.

The separation that occurred with the move had been more painful than the mini-separations that had occurred when Lauren's parents would leave her in the care of a housekeeper while they vacationed away from home. However,

it came nowhere near the trauma of the separation experience that took place later in adolescence. When Lauren was sixteen years old, an aunt, an uncle and a cousin close to her in age were all killed in an airplane crash. The sudden loss was devastating. Lauren's family, so skilled in talking through problems, suffered their overwhelming grief in frozen silence. One memory attached to this episode is of Lauren holding her father's hand as he grieved the death of his sister and "feeling as if we had both lost parts of our bodies."

Lauren's relationship with her father lacked the intensity of involvement that she had with her mother. He is described as a non-intrusive man, well-liked by others, hard-working but somewhat passive in style. Although he frequently travelled on business, Lauren vividly recalls his presence as being akin to the classical music typically playing in the background of their home. If there was any area of discomfort related to father, it was over his impatience and anxiety which could often feel like anger. But father was not all-work-and-no-play. He and his wife clearly had their own life as a couple and were active socially. Lauren would delight in seeing them dressed up remembering how "they always looked so happy."

Lauren entered college as a French major. She traces her interest in that language to the fact that her mother

used to count out her childhood vitamin drops in French. While she adored the language and even spent a year studying in a French-speaking country, she felt it would not lead her into a career that was sufficiently people-oriented. And yet, the fact the she is fluent in another language and knows a whole other national character from its values to its humor has enriched her life deeply.

Lauren was in therapy at the time of deciding to switch her major. She was trying to work through the loss of her relatives who had been killed in the plane crash. Therapy was her first experience of processing material with someone other than family, and thus a new source of validation.

> He helped me feel clearer and sturdier about my perceptions. It was my first time verbalizing to a grown-up not in the family, someone who didn't have his own agenda. It was very freeing. I trusted him with observations of my behavior.

Lauren's therapist, a training child analyst with a university affiliation, spoke and taught in terms of understanding the child within. As she looks back at this experience, she feels that she is "much less struck by the content than by the relationship and the aspects [of that] that were the most healing."

Lauren credits the growth she achieved through therapy with helping her choose a suitable mate. "He combines the best of both my parents," she says with a sense of pride for him and with the feeling of satisfaction that issues from having exercised good judgement. The first year of their

marriage was spent apart as Lauren finished graduate school before leaving to live overseas where her husband's military commitment had taken him. After many years of marriage and three children, she still refers to him as her "best friend." Her life now is a continuation of an earlier time of a happy home filled with care and support.

When asked to reflect upon how she feels her life experience may have contributed to her ability to use empathy in a professional manner, Lauren thinks first about the difficulty of working with her most needy patients:

> When I work with my most fragile patients, one of the reasons I am able to meet their needs is that I feel very filled up. Their emptiness does not stir up emptiness in me. I never struggled with abandonment nor lack of food. There was always plenty. [To work with the most needy patients] I think it takes a therapist whose [emotional] bank account is high.

Rachael

As far as Rachael had consciously allowed, she was growing up in a "wonderful" family. She had intelligent parents with a lively cultural life; yet, in retrospect, hers had been a childhood fraught with unhappiness. Rachael was eighteen months old when she first arrived in this country, the second daughter born to a young couple in post-war Europe. Both their native country and the family had struggled to survive the chaos of the war years. Rachael's father had been interned for a year leaving mother alone to manage two little ones. Mother was reportedly unable to produce enough milk to satisfy her hungry infant

who cried all the time. Rachael began her life, therefore, unable to be consoled.

Rachael suspects that her mother felt burdened by children because of having suffered the responsibility of being the eldest of nine in her family. "She was pretty unavailable to me," Rachael recalls of this mother noticeably preoccupied with her own depression. The depression, which at one time triggered suicidal obsessions, is speculated to have been due in part to the fact that she had never fulfilled herself. Mother was bright. She valued reading and education and held strong political beliefs. But cultural prohibitions and "the times" would crush her ambition. She seemed to want a daughter who would share her leftest leanings and be able to achieve some of what she could not. She took pride in the fact that some of Rachael's friends were from minority groups and socio-economically depressed classes. When, as an M.S.W., Rachael would later turn down a job at a community mental health center in an ethnic and socially depressed part of town for a position in a more traditional family service agency, mother expressed open and pronounced disappointment.

While Rachael feels that her mother would have described her as an anxious child because of the way she chewed pencils and her nails, Rachael suspects that her father would have had no opinion as to how she was growing up. He could only see her as "happy and delightful" and the

reincarnation of his own mother. Their closeness, painfully inappropriate at times, was otherwise characterized by long talks even though it was to be Rachael's realization that those were one-sided with her doing all the listening. In contrast to her mother's "practical, hollow responses," however, Rachael felt that her father did add an "emotional texture" to her life. She understood very well the sense of importance she held for him. He allowed her to know firsthand the experience of making a difference in another's life. Rachael's father also suffered from depression for which he entered and continued in analysis for over thirty years. "I don't know how he appeared to other people, but I think he was probably as close as one can be to being psychotic without being in an institution."

Rachael's sister, older by two years, was someone from whom Rachael longed for love and attention. Unfortunately it was not forthcoming; instead there was intense rivalry which would take many forms and never be resolved. By adolescence Rachael had developed a diversity of friendships which ranged from honor students to those who flirted with deviancy and delinquency. She herself was always the responsible one, the good student appreciated by teachers, and yet she could not help her strong attraction to those not so "good:"

> I think I felt like these kids in that they usually came from overtly troubled homes and felt devalued or angry or whatever...I think I was feeling all those

> things, but didn't really know it or couldn't admit it. I think I felt more at home with them than friends who came from better circumstances. On the other hand, I liked talking to people who were intellectually astute and interested in books and things like that. So I needed people like that too.

At age seventeen Rachael's world collapsed when a boy with whom she had fallen deeply in love ended their relationship. She was terrified by the knowledge that what she thought would go on forever could end. She was seized by a debilitating depression which prompted her parents to send her to the analyst they had each seen. "I was just such a mess and felt beyond help and it didn't occur to me that my family could offer me any help 'cause they never had." While Rachael's experience at the time was to feel helped and to be introduced to one who would inspire a career possibility, Rachael now regards that analyst with derision:

> She had her hooks into the family. She was too invested in maintaining the family system as it was. I feel that she wanted to leave untouched my idealization of my father and her fantasy of me as her granddaughter.

For a long time prior to entering therapy, Rachael had wished for someone to talk to. As a child she spent a lot of time alone and calls these "painful recollections." She felt isolated and helpless and yet did not know what she would have said if she had had the opportunity to talk to someone. Instead Rachael found consolation in the books she read: "Books were a very receptive bosom, like a hearth or

something, where I could know I'd be welcome." Her mother too had been an avid reader and would often take Rachael and her sister to the library. Immersed in her world of fiction, Rachael would find words to describe her feelings, characters with whom to attach and identify, and from whom to learn. Books provided many "primary relationships," she recalls. She would feel a great sense of loss when they ended, something she still experiences, albeit at a lesser intensity, today.

While Rachael's career considerations included becoming a nurse, doctor, actress, singer and writer, it should come as no surprise to learn that she decided upon English Literature as her college major. She spent her first two years at a local university, then transferred several hundred miles away to complete her degree. Leaving home was encouraged by her mother but opposed strongly by her father. So opposed was he, in fact, that he stopped speaking to her. This initial separation from home gave her her first sense of self apart from the family system. It was not easy being alone and she experimented with drugs, became suicidal and returned home to re-enter treatment with the family analyst. After one quarter's absence, she returned. Marriage followed shortly after graduation as did entry to social work school. While doing tutoring as an English major to explore the experience of teaching, Rachael made the discovery that her real interest lay in "just talking to the

kids about their lives." A friend enrolled in an M.S.W. program influenced her in this new direction.

Rachael has since worked for many years both in agencies and private practice. She has completed post-graduate training in an analytic institute and has completed a "real analysis" with a second therapist. She feels that this latter experience has accounted for some very deep healing because "I could afford to be small and irresponsible, uncertain, indefinite and know that someone else would be minding the store."

Rachael credits both therapy and the experience of motherhood with helping her achieve a level of maturity necessary for doing effective work with her patients. While her proclivity for entering another's world started with her early experience with reading and with interest in the lives of her delinquent friends, she calls what she does now "a much more healthy version of that." She notes that now it no longer involves "denial of self, but acceptance of self instead." As for the value of empathy, Rachael speaks eloquently:

> I do think it's the crucial experience that can make health possible. I see it in my kids, with the people I work with, and with the people who haven't had it... how that has stunted them, or withered them, or made their lives empty in some essential way. Empathy is only critical in our work because there's not enough of it in life.

Margaret

It would be tempting to characterize Margaret's early life as idyllic. She was born in a logging camp, the third child of an engineer and his hard-working wife. She grew up with days filled with the kind of free play of which urban children only dream. Everyone knew everyone in her isolated mountain town of three hundred. There were lots of children, dogs and caretakers. Margaret's maternal grandparents owned the local store and boarding house and ran the post office. Her six maternal aunts and uncles also lived in town, as did many of the relatives from her father's side. Margaret does not know what started the fire, only that there was one. By the time it was finally out, only a few partial structures were left standing in the town. Her family had lost everything. Margaret was six.

Margaret moved with her parents and older brother and sister to the nearest big city. Her father left the country in search of work, but he never returned. Her mother, hard-working but unskilled, had to make a choice about whether to have her children placed or somehow find a way to support them single-handedly. She chose the latter and worked long hours for little pay while the children looked after each other. By the time Margaret was eight, her mother had found someone to marry who would ease the burden of support. She would go on to have four more children by this union.

Margaret's step-father was a volatile, sadistic man who had no use for some other man's three children. He treated them as "personae non grata." Margaret's mother would do what she could to protect the children, but she presented as powerless vis-a-vis her position of being caught in the middle. She would never get angry, however, and Margaret remembers her as "unflappable" in her dependent state. Vowing early on never to be like mother in that way, Margaret notes that "My whole thrust has been you learn how to take care of yourself so that you're not the subject of having to keep someone else's peace."

Because of the mistreatment by her step-father, home was never a safe nor comforting place to be. Margaret found other places that were, however. One was only two doors away. There her third grade teacher lived in a large Italian family. They took little Margaret in and made her feel special. They fed her self-esteem with attention, shopping trips and messages like "You're smart and pretty and you're going to make something of yourself one day."

The Italian family would be only the first in a string of people who would recognize something valuable in Margaret and encourage her autonomy. This was vital in view of the fact that she had to grow up very fast. At age sixteen she was made to leave the house by her tyrannical step-father who had already "booted out" her sister and brother, the latter when he was only ten. Margaret went to live with a

classmate and her family, continued to work part time (she got her first job at thirteen for $.39 an hour) and helped contribute to her keep. In spite of this dislocation and the on-going emotional and economic difficulties, Margaret's high school years were productive. Besides the benefits of having close relationships, an active social life, and assuming leadership roles in extra-curricular activities, Margaret did well academically. She was particularly influenced by a "feisty, nasty" female civics teacher who linked the correction of social injustice with the profession of social work. From that moment on, there was no doubt in Margaret's mind but that she would one day become a social worker and champion the cause of the disenfranchised.

Margaret was the first in her family to attend college. She did so with the support and encouragement of her maternal aunt who had been another powerful influence and role model in her life. This aunt had been a vocal proponent of women's rights and a suffragette. Margaret would see her two or three times a year and always be struck by her independent spirit. In later years this aunt would share with her niece a copy of her valedictorian speech from 1913 in which she had stressed ideas quite avant-garde about feminine liberation. Margaret's aunt gave her $50, the cost of the first year's tuition, to help her get started in college. Margaret's brother, then in the Army, would also

send her money to support her education. Margaret got a room on campus and worked and put herself through school. So determined was she to always be able to take care of herself so as never to be "at the mercy of whomever you might be dependent upon."

Following graduation from college, Margaret got a job at a military hospital as a psychiatric social worker. These were the years immediately following WWII. Many of the patients were men she had known while growing up. She was moved by the experience of being instrumental in helping these men return to normal living. She witnessed, among other things, the terrible effects that the Japanese POW camps had had on some of the men. There was a male psychiatrist who took her under his wing and became her mentor. Once he had her see a catatonic schizophrenic who had been in waxy flexibility for five months. She was instructed to go in and talk to him every day, so she did. One day he talked back. She had the powerful experience of having made a difference in the life of another human being. She also remembers a very definite gratification for her "curiosity about what makes people tick," and wondered "what are these life stories that create certain kinds of responses?"

At the prompting of her mentor, Margaret enrolled in graduate school. She hoped to obtain the legitimacy for

helping people in a way that she now knew she could. Her entrance into graduate school coincided with the end of a brief marriage that had been a "mistake" from the beginning. Responsible once again for her own support, she set her sights and proceeded with unwavering determination to achieve her goals.

Margaret had her first experience in therapy while in graduate school. She entered therapy because it was expected of those who would go on to do psychiatric social work. She also knew that there were issues regarding men that needed to be resolved. She feels the experience helped put to rest her feelings about her father. She went on to a second long and successful marriage which produced several children.

When asked to identify what maturing experiences might have contributed to her being able to assume the stance required for object-centered empathy, Margaret thinks first of a personal quality rather than an event. She calls this "a willingness, even a kind of pleasure, in struggling against odds." In addition, she recalls a specific point in time when

> my sense of angst or anxiety about my kids evaporated ...It had to do with internal something or other...It was a recognition of that's them, and I'm me and I can't or don't make that much difference...and it carried over to other things like my job.

Harriette

Harriette was born in a midwestern metropolis between the two world wars. She and her older brother were first generation Americans. Their parents were young socialists who had immigrated from Eastern Europe after the turn of the century. English was Harriette's second language.

Harriette's parents were deeply committed to their philosophical ideals. They were equally sensitive to social and political ills on a national as well as international scale and conscious of their personal responsibility to aid in reform. That "one should pay admission to birthday parties" is Margaret's way of illustrating a powerful ethic by which they lived. They believed that pleasure always carried with it certain responsibilities. In such a family one did not stay an innocent, carefree child for very long.

The urban community in which Harriette and her brother grew up was a "ghettoized" mixture of Italians, Poles, Jews, and Irish. She recalls knowing few people who spoke English in their homes. Because these were the years of the Depression, everyone was poor. While the children all attended the same public school, Harriette went to a second ethnic school at the end of her regular school day. On the weekends, she attended political meetings separate from those her parents attended. She marched in May Day workers' parades and recited revolutionary poetry. Espousing the

Marxist position that "religion is the opiate of the masses," Harriette grew up an avowed atheist.

The lack of a religious faith became a highlighted difference for Harriette a few times throughout her life. She could not join with her friends to celebrate religious holidays, for example. And when she was fifteen and employed by a socialist newspaper to report obituaries, there was again a confrontation over religion. Occasionally a surviving relative, unaware of the newspaper's political bent, would request that the phrase "may his soul rest in peace" be included in the death announcement. To refuse the bereaved such a request was a source of anguish for both parties. Harriette feels that the strength of her idealism, passed down through her parents' convictions, helped get her through the discomfort of those moments.

The job at the newspaper, which later included authoring an advice column, was Harriette's third. Her first came at age thirteen working twelve-hour Saturdays in a department store. During the summer that followed, she went to work in a factory ironing bags for puffed wheat and puffed rice. "I thought I should know how the multitudes ...how the average worker, felt," she proudly recalls.

It was not until Harriette was ready for college that she would separate from her family and the apartment she had lived in since birth. She came west. Her parents followed

one year later. The choice of social work was a natural one given the ideals of a young socialist who wished to make the world a better place. Harriette points out, however, that her brand of helping is different from that espoused by the philanthropic school: "Ours was, no, don't buy shoes; help them get jobs so they can buy shoes...[as a result] I have been less than kind to volunteers throughout my career."

Harriette's idealism was put to a critical test during her first job as a professional social worker fresh out of school. It was shortly after the end of the second world war and because of her fluency in her first language, she accepted a job helping displaced persons get settled in this country. The new immigrants claimed to possess certain job skills. But she would learn, as she tried to get them hired, that the glazier did not know the first thing about repairing windows and the baker had no idea how to turn out a loaf of bread. She came to realize that these "lies" had been told in the service of survival. As a young naive helper she felt foolish and deceived. The immigrants themselves extended their empathy for her plight and "took pity on me," she recalls.

A good many of Harriette's subsequent years as a professional were spent working in family service agencies. Her positions involved both direct services and administrative functions. She feels that she would probably be remembered for her feisty spirit. With her idealism

underpinning her every move, she reveals that she was not always appreciated for the way in which she loved to challenge convention. She derived a great deal of pleasure out of uncovering secrets and exposing the hypocrisy present in bureaucratic systems which espoused serving others while often being self-serving instead.

Harriette's career was placed on hold for a few years while her children were young. Like her mother before her, Harriette perceived maternity as "a very strong role" and "heaven forbid that anyone should suffer for my need for a career." When she returned to work it would be on a part-time basis with an eventual shift to full time private practice.

Harriette believes that the capacity for empathy is innate. She reflects about what she has observed as genetic endowments among the many children and parents with whom she has worked. With adopted children, for example, she observed marked differences in personality and temperament at such variance from the couples who had become their parents that she could only attribute these to genetics. As for herself, she lists the following inborn characteristics as contributory to her capacity for empathy: "incredible curiosity, outgoingness and a need to connect with others, quick intelligence, and an iconoclastic bent." She suspects that her understanding of others takes a more cognitive form consistent with her life-long mission to help improve

another's lot through a rational problem-solving approach. This is not to say that her ability to connect affectively with another is lacking, only that her own life experience has reinforced cognitive approaches to progress.

When asked to comment on what experiences helped her mature to the point of being able to implement a professional form of empathy, Harriette cites a perspective which does not allow her to take herself too seriously. She views the field of analysis as potentially too arrogant and feels that it is essential to be aware of those we cannot help as well as those we can. She is grateful for the self-knowledge she feels friends have helped her to gain far more than any understanding she has gleaned from personal therapy. Her own peace of mind, the power of her convictions tested by life, and the love and support of family and friends make it easy for her to put her patients' needs first in a therapeutic setting.

Barbara

Barbara was the only female child in her family of six. With an older brother and two younger, she was raised in an urban community where many of the neighbors were relatives. In fact, there was much intermarriage within the family, a manifestation of the belief that outsiders were not to be trusted. Barbara's paternal grandfather with whom she was very close, for example, was also her mother's uncle. In this large family unit, females were taught to be

other-directed, while males learned the importance of being goal-directed. It was considered neither important nor feminine for a girl to be educated. Barbara remembers hiding her intelligence by pretending not to understand things of a nondomestic nature. When she later made Phi Beta Kappa in college she worried that "now no man will want me." This attitude was reinforced at the completion of her master's degree when an uncle, withholding congratulations, commented that an MRS would have been better than an MA.

Barbara describes her mother as needy, bright and a tremendous story teller. While her brothers were outside playing, Barbara would work with her mother in the kitchen and listen to her stories.

> She would tell me all the gossip in town and both sides of it. Such as "Well, Sadie is a card player. She gets her housework done and runs out and plays cards, plays poker. But you can't blame her too much, you know, because her husband had syphilis and they lost their first child and he got it by going to the red light district and your father went with him, but he wouldn't go in."

Barbara felt her mother was always trying to make sense out of all the "craziness" in her surroundings. But she supported her daughter's love of learning and spunky attitude. They made regular trips to the library where Barbara devoured the books in alphabetical order. She recalls discovering psychology through the writings of Alfred Adler and culture through Pearl Buck. She remembers first learning to read very early due to a family ritual of

sitting around and discussing a Dear Abby-like column in the local newspaper.

Barbara's mother was considered to be "the best mother" among her friends, yet Barbara always felt a heavy responsibility to take care of her. In retrospect, Barbara feels that she was "parentified" in her childhood. This meant that parents took care of you as their child, but that you were expected to meet their emotional needs. Barbara always felt an awareness of what her mother needed. She cites a poignant example that occurred when she and her best friend took her mother to see a foreign film. At one point she noticed that her girlfriend was crying in response to the movie. Barbara was suddenly aware that she did not have the slightest idea of what the movie was about. She had been so consumed with worrying about whether her mother could read the subtitles, whether the lights in the aisle might be bothering her eyes, whether she was warm enough, and so on.

Barbara had great admiration for her older brother whom she respected for being so smart and able. She enjoyed the battles of wits they fought as children and recalls that "our sibling rivalry took on very sophisticated forms." This brother would later go on to marry a social worker whom Barbara adored and with whom she corresponded while her future sister-in-law was in social work training. Barbara loved reading about the experiences this young woman would

encounter. Her only other exposure to social workers had been a woman at her summer camp who had impressed her with the number of silk hose she owned.

Barbara's second brother was two and a half years younger than she and a "fragile child." He seemed to be the recipient of some bad luck that began with his failing first grade. He also suffered some injuries in a car accident and by being hit in the head with a baseball. Barbara felt very maternal toward this brother but not as close as to her very youngest brother.

Barbara's youngest brother was also considered fragile because he fainted in response to stress. He was her mother's favorite and his story is one of tragedy. Barbara was fond of his personality and appreciated that they shared an interest in music and philosophy. Because this boy showed an exceptional scholarly aptitude, it was decided by the family that he would be sent away to a special religious training school at age fourteen. Barbara was nineteen at the time and in college. For her parents to be able to afford her brother's education meant that she would have to drop out of school. Because the priority for education always belonged to the male, not only did Barbara leave school, but she also got a job to help pay her brother's expenses. Ten years would pass before she would be able to resume her education.

Barbara's mother was opposed to having her youngest leave home at such an early age, but finally she yielded to the pressures of the family at large. The experience was hard on the boy. Not only was he far from home, but he was unhappy with the field others had chosen for him. He later switched his field of study to something quite different but of his own choosing. The family rejected him but he excelled. Following the granting of his degree, he moved to the West Coast. One winter, shortly after his relocation, he caught the flu. Living alone without a telephone and unable to summon help, he died.

The pain of the loss of Barbara's brother was compounded when her father became seriously ill before her brother had even been buried. He survived, however, and Barbara remembers not having known how to feel sad for her brother and glad for her father all at once. Barbara's father had been a quiet, gentle man, a hard worker and a man who practiced his faith in a way that revealed his ambivalence about religion. He "favored" Barbara by taking her side whenever she felt "ganged up on," but he was controlled by his older sister who ruled the family with her loud and demanding behavior. With the onset of her father's illness, Barbara again quit college to help the family. This time the break would be brief, and she would go on to finally achieve her academic goals.

During the ten years that Barbara postponed her education so that her brother might have his, she held clerical jobs. She credits her first boss with her "political awakening" because he exposed her to writings and ideas which were new and stimulating. While growing up in her home, politics had been an "off limits" subject. Her parents had experienced growing up in Tzarist Russia. Criticism of the U.S. government was therefore forbidden because anything here was always considered better than life under the Tzar.

It was during her ten-year hiatus away from college that Barbara entered therapy for the first time. She had somatized her stress, so she was referred by her physician to a psychiatrist. Barbara had not yet learned how to talk about anything that troubled her. She had always kept everything locked deep inside. She did not even know what to say to this "head doctor," that is, until he said to her, "Why aren't you married?" The question unleashed a smoldering rage, but she was unable to respond. She went home and constructed a forty-three page, single-spaced, typewritten response that "got out everything I had been holding inside for all those years." This breaking-free experience turned out to be short-term treatment. She would later experience "the luxury" of two analyses, the first Freudian and the second Kleinian. She refers to these as her "internal vacations."

When asked what it is about her that she feels makes it possible to be effectively empathic with her patients, Barbara's eloquent reply reflects her life experience:

> My humility, my belief that we have no right to sit in the therapist's chair if we have not also sat in the patient's chair. I feel awe in the face of the magnitude and majesty and complexity of the human mind and the mind-body connection. I trust in the therapeutic process and knowledge of its workings. I am persistent, intellectually curious, and hold a conviction that the big should help the little to become big. [I have] good self-esteem and an awareness of being fulfilled and happy with what I have done with my life.

Julie

Julie states that she grew up in a small, ethnic, "sexist" community. There she lived with her parents, her three older brothers, and her maternal grandmother. She traces the roots of her capacity for empathy to the way in which she attempted to adapt to, and make sense of, her on-going relationship with her mother. "My mother was very complicated," she reveals. "She vacillated from periods of deep understanding and attunement to being quite crazy and withdrawn." Julie felt caught up in a triangle of females with her mother and grandmother all vying for attention and acknowledgment. She feels they were all quite enmeshed with one another.

Julie's father had a job that required him to travel throughout the week. She recalls that for her he represented "a kind of flamboyance and pleasure in the outside world." She always felt special to him. Mother,

who was homebound by contrast, would be erratic with her severely depressed moods and behavior during the week while her husband was gone. Then, upon his return, she would "come alive."

Julie sought refuge from the anxiety and the heaviness of blurred boundaries at home by observing others. She would observe other families, other mothers and daughters, and she would read. She would imagine what it might be like to be a part of another kind of family and would spend hours rehearsing new scenarios in her head. She had one best friend in grade school, a girl her age with a personality very much like her own. Julie's friend was the daughter of a minister, and Julie delighted in being able to go to her home once a week for a Bible Study class.

Julie relied heavily upon her two oldest brothers for stability amid the chaos of her mother's mood swings. They were considerably older than she as her mother had given birth to her at age thirty-nine. Julie envied the way in which her brothers could be loved by mother without conflict. She, as the female child, however, felt cursed by her mother's projections. Mother was frustrated as a result of having relinquished her drive for a career in the theatre early on. Both Julie's mother and grandmother had been entertainers at one time. The message that Julie received from them was that "the world can be an exciting place, but

you must not go too far. Your priorities must always reside within the home."

When Julie was eight years old, her two oldest brothers left the home to be married. She missed their fun and having them around as father surrogates, even though they never welcomed that responsibility. The impact of their leaving on her mother was to send her crashing into a major depression. About this time Julie's grandmother started to become senile. The years between eight and fourteen would have been more stressful for Julie had it not been for her one remaining brother. He became her buddy and her ally.

Julie loved school and enjoyed success in that setting. She became close to her teachers and looked to them as role models, as she did to the mothers of some of her friends.

Julie's efforts at emancipating herself from the stifling triangle at home was through teenage rebellion. She speculates that an earlier effort at emancipation might have come around age three when she ran away from home, but the memory is vague, although slightly tinged with fear. One model for how to be more separate came from an aunt who was mother's younger sister. Julie watched her aunt "handle" her mother, and this made her feel hopeful.

When Julie finally entered college, she did so with the intent of going into the performing arts. The fact that she suffered from tremendous performance anxiety did not deter her. It was in an acting class that she first discovered

the concept of the unconscious. The very next semester found her enrolled in her first psychology class. She also became a member of a radical student activists' group during this period.

Julie knew that her mother's expectation of her as a college student was that she find herself a husband. When she graduated unmarried and unengaged, she felt terrified and ashamed. She had been so stimulated and involved with learning; now she feared she would never meet her mate. He would enter her life in the guise of a blind date, however, and their marriage would follow shortly thereafter.

With regard to careers, Julie debated between social work and law. "I felt that I needed to explore my social conscience," she nostalgically recalls. She managed to find a job that combined aspects of both professions and felt validated and encouraged by her experience. She decided that working with children and families would be the career track to pursue. She worked to put herself through school and found that, once again, she loved the learning experience. She feels that she was blessed with good supervisors and that the reading she did gave her the confidence she needed to overcome her performance anxiety.

Julie and her husband took some time out before starting a family to travel to a number of foreign lands. She regards this experience as "confidence building" and educational because of the exposure to cultures so radically

different. They prepared well for their trips with thorough planning and by reading about the cultures beforehand. She speculates that this history of "prepared encounters" might compare with the adventure of trying to explore the new territories of her patients' experiences. While she allows that her professional training, her experiences in supervision, and the vast amount of reading she has done have all prepared her to assume the stance of a professional helper, she adds that

> I really find that it helps me most not to have a lot of preconceptions...to listen as carefully as I can moment by moment. I think that as I felt more confident in the longevity of my practice, that I could see that I really was able to help people. I came to believe that my best chance at helping people was not by giving them answers and being the expert, but in being an attentive and responsive listener.

When asked to comment on what there has been in her life that has enabled her to mature such that she can be more object-centered with her empathy, Julie credits personal therapy:

> I think that the trick is to grow up and be real at the same time. I was able to grow up and to accomplish what appeared to be independent status and achievements. But if the truth be told, they didn't feel satisfying because they came from a defensive system...It wasn't until I had a repairing analysis and therefore allow different kinds of friendships and attachments that I could finally feel grown up.

DATA ANALYSIS

An analysis of the data has yielded eleven categories and seven subcategories of commonalities among subjects. These categories and subcategories are distributed within three major groups labeled Traits, Experience and Skills. Table 1 summarizes these findings.

TABLE 1

COMMONALITIES AMONG PROFESSIONAL EMPATHIZERS

Categories	N
A. Traits	
1. Above-Average Intelligence	8
2. Sensitivity to External Stimuli	8
3. Traits that Encourage Exploration and Achievement	
a) Curiosity	8
b) Imagination	8
c) Ambition	8
B. Experience	
1. Childhood Monitoring of Maternal Affect and Need States	8
2. Compensatory Experiences	
a) Relationships	8
b) Reading	6
c) Professional Education	8
d) Psychotherapy	7
3. Mastery of Separation Experiences	8
4. Values Acquired in Childhood	8
5. Maturity-Promoting Insights	8
C. Skills	
1. Language Facility	8
2. Effective Strategies for Distress Management	8
3. Proclivity for Self-Reflection	8

Traits

The Longman Dictionary of Psychology and Psychiatry (1984) defines "trait" as "an enduring personality characteristic that determines the individual's behavior."

While considered to be relatively stable properties of the personality, traits are known to be influenced in some significant way by experience over time.

The "Traits" group of categories encompasses three categories: Above-Average Intelligence, Sensitivity to External Stimuli, and Traits that Encourage Exploration and Achievement. Within the latter category of traits are included subcategories of Curiosity, Imagination and Ambition.

These categories of traits emerged from the data spontaneously and not as a result of response to any particular interview question.

Above-Average Intelligence

All subjects, without exception, described themselves as having excelled in school. They spoke of an early feeling of confidence in their abilities to learn. They received positive feedback from their teachers because of being bright and were proud of their success as students. Seven of the eight subjects volunteered a description of their mothers as exceptionally bright women.

Early histories also revealed that reasoning abilities many times served a containing function; i.e., it afforded the subjects as children a way to survive distressing events by assigning them meanings which were the result of a process of reasoning.

Sensitivity to External Stimuli

If, besides intelligence, there are other gifts that further one's capacity for empathy (Davis, 1983; Noy, 1984), the trait of sensitivity finds its way to the top of the list. Sensitivity in this context shall refer to one's response to external sensory stimuli; to "receiving impressions quickly and easily" (Oxford Dictionary, 1980).

All eight subjects indicated a high degree of sensitivity through the way in which they told their stories. This trait was revealed by the myriad of detail that decorated their accounts of early memories. These memories included, but were not limited to, facial expressions of parents and others, descriptions of external presentations such as clothing, mannerisms, and details of the environments in which they had been reared. These descriptions were vivid, fresh and sometimes enriched with memories of smells and sounds as well.

Subjects reported using their sensitivity to "read" the mood states of one or both parents. These "readings" were employed for a variety of purposes. Three subjects (Jennifer, Penny and Julie), for example, needed to be able to protect themselves from mother's negative intrusions (worry, wrath or "craziness"). Two subjects (Barbara and Rachael) used their awareness of a parent's mood state to know how to take care of that parent. Two other subjects

(Harriette and Lauren) carefully observed their parents as role models.

Traits that Encourage Exploration and Achievement

Three personality traits were noted as present in all eight subjects: the tendencies to be curious, to be imaginative and to be ambitious.

Curiosity

Aided by, and perhaps because of, the gifts of intelligence and sensitivity, each subject mentioned curiosity as a driving force that made her want to know about various aspects of her world. Not only did the subjects experience themselves as curious, but they also reported others describing them that way. Barbara, for example, recalled a conversation between her first boss and her mother in which the latter complained with pride, "My daughter asks more questions than any other child I know!" Having overheard tales of a family squabble, Julie remembers being reprimanded by a relative for being too inquisitive. "All children hear things," Julie now reasons, "but curious children hear things and want to know." Margaret spoke of her curiosity while working in the psychiatric hospital and wondering "what are all the stories each patient has to tell" and "what makes each of them tick?" Harriette wanted to know what it felt like to be "one of the masses" when she went to work in a factory.

Imagination

A second tendency evident in all eight subjects is the frequent use of imagination. For the five subjects below the age of fifty, fantasy was reported to have played a pivotal role in providing a source of comfort and security during their childhoods. Jennifer used fantasy as a way to embellish her inner world which had to be so private and hidden from her worry-prone mother. Rachael would lose herself in her books in an attempt to find resonance for what she was feeling. Julie tried to imagine what it would be like to have a different kind of family, and later studied a method of acting that required that she challenge her imagination to allow her to "become" a certain character. Penny would imagine what it might be like to have another kind of mother. Lauren used her imagination not so much for self-comfort but rather to "picture" what it must have been like for all those unfortunate people about whom she had heard her social worker aunt talk.

Margaret, Harriette and Barbara, on the other hand, grew up during the years of the Depression. They describe themselves as having had more of a bias toward "practical thinking" rather than being "dreamers." Margaret, in fact, relates that it was not until she was in therapy as an adult that she understood that it was okay to fantasize, that sometimes "a dream can just be a dream." Yet Margaret, Harriette and Barbara all developed their imaginations to

project a better life for themselves and for others. While their young adult selves had been taught by the seriousness of their day to regard fantasy as a waste of time, ghosts of less responsible times remained locked in their memories. As a child Barbara remembers how her imagination was nearly over-stimulated by all the books in the library within walking distance. Margaret remembers the richness of her imagination when as a pre-school child she fashioned many creations out of rocks and mud. And Harriette...Harriette dreamed up many of the questions for the advice-to-the-love-lorn column she was paid to answer.

Ambition

The third tendency evident in the histories of all eight subjects is personal ambition. Defined as "an eager desire to succeed" (Funk & Wagnalls Dictionary, 1976), this personality trait does not represent the actualization of success but rather a drive to achieve it. All subjects spoke of circumstances being such that there were serious obstacles to their goals at various points throughout their lives. For Barbara, Harriette and Margaret, the financial realities of the times posed many barriers to the pursuit of success but never dampened their spirits. They got jobs as young teenagers and pursued education and goals related to career advancement and personal growth. All three of these women still speak in terms of what they have yet to accomplish. The remaining five subjects all showed evidence

of ambition by continuing their college careers in spite of changes in their major fields of study (Julie, Lauren, Rachael, Penny); loneliness in being away from home (Jennifer, Rachael, Penny); emotional crises (Jennifer, Rachael); and experimentation with drugs (Julie, Rachael, Penny). These women pursued their goals until their goals were either met or no longer had meaning. When the latter happened, they formulated new goals.

Experience

Experience has been operationally defined for the purposes of this study as

> those events occurring in the course of a therapist's growth and development for which there is conscious or preconscious awareness. These events can begin with a therapist's earliest memories and proceed to the present time.

This group of categories contains five discrete categories of occurrences common to all subjects. Three of these categories have been labeled as follows: Childhood Monitoring of Maternal Affect and Need States, Compensatory Experiences, and Mastery of Separation Experiences. The category of Compensatory Experience includes four subcategories: Relationships, Reading, Professional Education and Psychotherapy. Two final categories are also included within this group because they represent derivatives of life experience. These are Values Acquired in Childhood and Maturity-Promoting Insights.

Childhood Monitoring of Maternal Affect and Need States

This category will address the subjects' reports of how they, as children, experienced a special kind of knowing about mother's particular mood states and needs. The commonality among subjects was not the content, method, nor result of this vigilant monitoring, but rather the subjects' conscious awareness of the process.

An illustration of the monitoring of mother's need states is present in the histories of Jennifer and Penny. Both described their mothers as being concerned with external presentation. Their brand of mothering appeared to lack a quality of spontaneity and failed to address the inner world of the child. Both Penny and Jennifer therefore reported having learned to master "a look", a presentation of their own, that was expressionless. On the other hand, they both reported being capable of registering the most subtle cues from their mothers' faces and/or mannerisms. For Jennifer this would keep her informed as to how to be so as not to trigger mother's worry, guilt or intrusiveness. It allowed her to feel in control. Penny's attunement was to signs that her mother was feeling overwhelmed and therefore about to become angry. She knew when to stay out of her way, when to become her helper, and when to appeal to her highly intellectualized proclivities.

Of all subjects, Lauren most appeared to be involved with her mother in a nondefensive way. The fact that she

was the single only child within this sample of eight subjects may account for this distinction. Lauren described a reciprocity of need and affect monitoring for which she feels grateful. She recalls observing her mother's quick and intelligent responsiveness to her needs, even those unspoken. She can still recall the enthusiasm with which mother approached learning; how she would help her with homework and read to Lauren "until her voice gave out." Lauren recalls never having doubted her own importance as a human being because of what she saw mirrored in her mother's eyes. This type of closeness was not experienced by Lauren as suffocating nor intrusive. Lauren knew that in spite of mother's devotion, mother also had a life and goals of her own.

Barbara, Rachael and Julie all had mothers who differed significantly from Lauren's mother. These mothers were described as bright but deeply unfulfilled because of not having been able to challenge their own potential. All mothers had spoken openly about this to their daughters. These mothers were described by the subjects as "very needy" and "depressed." The subjects received the message that they were to be successful but never to forget the primacy of their future roles as wives and mothers. They had to struggle with a difficult balance between satisfying their mothers' needs and achieving sufficient distance to pursue their own.

Because of what Margaret experienced when she felt most closely attuned to her mother, she resolved that she would never be dependent on anyone for security needs. Mother "never got angry" and was generally "unflappable," but what Margaret observed was her powerlessness. Margaret felt denied when it came to her need for acknowledgement and support. She was quite aware of her mother's conflicts, but had no patience with them. That mother could be strong and determined, yet passive and dependent, was a paradox Margaret found irritating.

Harriette's account of her relationship with her mother conveyed the most distance of all subjects. "To behave responsibly in all of one's endeavors," seemed to be the theme that characterized Harriette's perceptions of her mother's requirements of her. Harriette admired her mother's energy, commitment to social causes, and the fact that she was held in esteem by so many of her friends. Harriette seemed to know, however, to keep the musings of her inner world to herself. The content was too often not within the parameters of mother's interests.

Compensatory Experiences

The verb "compensate" denotes "to make suitable amends for; to make up for; offset" (Funk and Wagnalls Dictionary, 1976). Compensatory is the adjectival form and carries the same meaning.

In self psychology the concept of "compensatory" is applied to structures and is considered relative to the construct of primary structures:

> To the extent that the unfolding of the grandiose self met with traumatic dysfunctions of empathy in the mirroring selfobject relationship, the resulting defects in the self were found to be covered over with defensive structures.... To the extent that later mirroring or turning to the idealized selfobject meets with success and affords a further chance for structure building..., self psychology found itself dealing with compensatory structures. (Ornstein, 1980, p. 144)

Just as compensation might be possible when there are deficiencies in the primary structures of the personality, so too might compensation be possible when there are deficiencies of experience in the primary relationship with mother. This category of experience is therefore labeled compensatory to denote a making-up for what was either insufficient or totally lacking in the primary relationship with mother. These experiences are consequently additive or corrective and function to strengthen the sense of self.

Four subcategories of Compensatory Experiences have been identified. These are Relationships, Reading, Psychotherapy and Professional Education.

Relationships

Each history revealed several relationships that in one way or another supplemented what was missing or insufficient in the primary relationship with mother. There were friend's mothers, teachers, girlfriends, boyfriends, employers, neighbors, relatives and others who contributed

in some important way to each person's sense of wholeness, uniqueness and value. Only one relationship from each subject's history will be introduced to illustrate the concept of a compensatory relationship.

Fifty percent of the subject population (Lauren, Penny, Julie and Margaret) spoke of favorite aunts who were important figures in their early lives. Lauren's aunt was a social worker who had no children of her own. She showered Lauren with a feeling of specialness. What was compensatory about this relationship was that Lauren, an only child, was the subject most intimately involved with her mother. Her relationship with her aunt provided an experience of being close to another while separate from mother. It helped her experience her boundaries sooner than she might have otherwise.

Penny's aunt gave her a kind of warmth and show of interest that she did not get from her mother. Whereas Penny's mother was highly intellectual and self-absorbed, her aunt made her doll clothes and showed her how to cook and smiled a lot, making her feel valued for being alive.

Julie's aunt showed her how to "handle" her often hysterical mother with whom Julie felt quite enmeshed. To observe such successful "management skills" helped Julie learn how to contain her own fears about loss of control.

Margaret, whose mother was so passively dependent, idolized her suffragette aunt who fought actively for

women's rights. She modeled an independent spirit and provided Margaret with a powerful introject. She supported Margaret's spunk by seeing it and feeding it with encouragement.

Jennifer and Rachael found in their relationships with their fathers ways to compensate for a kind of important emotional connection missing with their mothers. Jennifer called her father (technically, her step-father) her "real nurturer" who knew how to recognize her need for comfort without any overt request on her part. This stood in contrast to her mother who was "dutiful" in her maternal administrations but defensively blind to any signs of distress in her daughter.

Rachael states that her father gave her life an "emotional texture" at a time when her mother's laissez-faire attitude made mother's attempts at engagement feel hollow. Although Rachael's relationship with her father was fraught with many problems, he was the first to impart to her the unmistakable experience of being important in someone else's life.

Harriette describes how her close friends were able to know the "real" her in a way that was impossible for her very busy, politically productive mother.

Barbara's grandfather provided a welcome lap where she would often sit and comb his beard. He would listen to her

in a way her mother, who preferred being listened to, never could.

Reading

Six of the eight subjects (Barbara, Julie, Lauren, Harriette, Rachael and Jennifer) were avid readers as children. Many children are adequate readers and find the experience enjoyable. What sets this group of six apart from most children is that they were voracious in their appetites for the written word. When these women recounted their early love affairs with books, their trips to the library and their ecstasies in being lost in a myriad of adventures, they beamed. Reading was valued as a source of solace, a window on the world, an introduction to other families and other ways of being, a companion, and a source of information. When reading functioned as a device for discovering labels for things they thought they already knew or had felt, it provided a kind of resonance they found nowhere else in their lives. In this way it compensated for all those times when they had felt unheard, unseen or misunderstood by mothers and others.

Professional Education

All subjects have achieved at least a Masters Degree in Social Work. Two have gone on to complete doctoral studies, and four have participated in advanced graduate training. All attest to how much they value education and keep abreast of new information in the field through reading and

seminars.

Education has served a compensatory function by equipping subjects with a conceptual framework that has facilitated cognitive understanding of their personal pain. In all cases it allowed them to describe their mothers and the relationship they had with them in explanatory language. Mothers' failures were not so much explained away, however, as understood from a new, less painful, experience-distant (Kohut, 1984) vantage point.

Psychotherapy

All subjects, with varying degrees of adeptness, were able early on to "read" some of the shifts in moods and needs in their mothers. All, with the exception of Lauren, perhaps, consciously experienced some failure in being seen, heard and understood in a clear, sustaining way.

For seven of the eight subjects, therapy provided a brand new relationship experience. In this setting, the attention of another was focused solely on identifying, clarifying and understanding their needs. This was not always welcome nor comfortable, but it was new. Five subjects (Barbara, Julie, Rachael, Penny and Jennifer) had more than one therapist. In each case the initial experience had left them feeling dissatisfied but at least informed about the psychotherapeutic process. Selection of a subsequent therapist was undertaken with great care and deliberation.

All therapists who were considered "the most helpful" were males. Subjects reported the healing effects of being able to work through issues related to fathers, brothers and husbands. These therapists provided a new kind of male object, one who fused masculine strength and rationality with more traditional feminine attributes of nurturance and patience. It became safe for these strong, intelligent, ambitious women to be little, needy and dependent.

The healing in therapy took many forms. Penny learned that closeness did not always have to lead to feelings of deprivation. Jennifer discovered the power of her unconscious and managed to resolve some of the distortions in her self-image that emanated from her mother's faulty mirroring. Lauren felt that the healing that occurred enabled her to select a different kind of man to marry than she might otherwise have. Rachael experienced trust for the first time and thus allowed herself to regress and be reached at a very deep level. Margaret put to rest her feelings about the father who had abandoned her and the mother who nearly did. Barbara experienced a breaking free of internal gender-related prohibitions and expressed herself for the first time. Julie learned that she could connect deeply without surrendering her autonomy, and she discovered a new level of integration.

Gains other than compensatory ones were also gleaned from the subjects' experiences in psychotherapy. The

opportunity to identify with a professional role was one. Others will be identified and discussed in the Maturity-Promoting Insights and the Skills categories.

Mastery of Separation Experiences

All eight subjects recounted vivid experiences of separation. Rachael spoke of the devastating loss of her high school boyfriend, and Lauren, of her relatives killed in a plane crash. Jennifer had to adjust to frequent separations before the age of three when her mother would come and go in and out of her foster home. Penny, who always felt "marginal and out of the mainstream," had to say good-bye to her one and only friend at ten when the family moved. Margaret lost both her whole town when it burned to the ground and her father shortly after when he left to look for work and never came back. Harriette always felt some separation from her peers because of her political beliefs. Barbara's only grandfather, on whose lap she used to sit, was killed in a car accident when she was twelve. Julie's two older brothers, on whom she depended for stability, both married and moved out of the house when she was eight.

These are but a few examples of the more dramatic incidents of separation in the histories of the eight women subjects. There are numerous others less dramatic, such as the way in which Rachael felt a pang of grief whenever a book she was reading came to an end. Each subject still showed evidence of pain in the telling of these and other

stories of separation. This appeared to indicate that the impact of the incidents had not been denied, and that each subject had sufficient ability to tolerate whatever pain continued to be attached to the memory. All of this is in spite of the fact that comfort from others or self-comfort was administered at the time of the incident. These incidents were also noted as having been "worked through" in personal therapy.

Values Acquired in Childhood

Although it may be impressionistic on the part of this researcher, all subjects appeared to be of high moral character and given to considering ethics in reviewing decisions made throughout the course of their lives. Preference was given to specific values or moral principles acquired early in life. Margaret, for example, aspired to a strong belief in justice and fairness ever since she and her family suffered through the economic hardships of the Depression and the emotional hardships induced by her step-father. Harriette, with her socialist upbringing, believed strongly in social justice and in helping the underdog help himself. Barbara was sensitized early on to working for equal opportunity for females as a result of watching her brothers have opportunities denied her because of her gender. Jennifer thought that honesty was the most important value supporting her behavior and that of others because of the conspiracy of deceit she had endured with her

mother. Lauren thought that compassion and understanding should be the birthright of all human beings because she had received it in such abundance. Rachael valued perseverance and the right of free expression because those qualities had helped her survive. Penny held hard work and patience in high esteem because without those she, like her mother, might have been overwhelmed. Julie was guided by her belief in persistence and respect for differences because those qualities enabled her to break free and become her own person. All of these women were vigilant in putting their values into practice in a way revealed consistently in the telling of their life stories.

For four subjects, exposure to religion or religious principles contributed to their personal value systems. Jennifer grew up attending religious services regularly with her family; Rachael occasionally attended services with her father and would have discussions periodically; Julie went to Bible study with her best friend in grade school whose father was a minister; and Barbara's family kept their faith strongly integrated into their daily lives. For the remaining four subjects, there was no formalized religious training. Penny felt that her parents had espoused an intellectualized spirituality, but they were not affiliated with any particular religion. Lauren's parents had been given a strong religious upbringing but did not actively practice their faith as adults. Margaret and Harriette have

always thought of themselves as atheistic. Regardless of the degree to which subjects embraced or rejected religion, all eight women found resonance with their evolved private value system in the Code of Ethics for the profession of social work.

Maturity-Promoting Insights

In response being questioned about maturity-promoting experiences, all eight subjects spoke of having learned important lessons about themselves, others, others in relationship to themselves, and life in general. They were often able to specify moments in time when these growth-enhancing insights had occurred. These realizations were reported to have been marked by a unique sense of calm and to have influenced the way subjects experienced themselves thereafter. This calmness contributed to the way in which they then became better able to contain anxiety-provoking material while functioning as therapists.

Jennifer feels that she has learned that it is more important to do a good job than to be loved or admired. To this end she has pursued education and has vigilantly monitored her own needs so as not to contaminate the directions chosen by her patients. Jennifer feels that this lesson came directly from her own struggles as a patient in therapy.

Penny states that she has learned the importance of self-care, and that the responsibility for initiating it

belongs to her. She no longer needs to dwell on deprivations she has suffered throughout her life. By taking the initiative to take better care of herself, she is also in a much healthier position to care for others. Others' needs can be better perceived when neediness is less an issue for herself. Penny feels that she learned this because her therapist provided an atmosphere of trust in which she could be clear about her needs for the first time.

Lauren reflects that she has learned to be more honest with herself, and, as a result, countertransference issues do not make her as anxious as they once did. She has learned to stop imposing her standards and desires on those whom she treats. This, she feels, has cleared the way for her to appreciate another's experience from his or her point of view. She states that this insight has developed gradually over time but that "something crystalized" while listening to a presentation at a self psychology conference.

Rachael singles out two experiences which she considers having been critical for her maturation as an individual and a therapist: motherhood and her analysis. As a mother she has experienced a very special bond with her children, one of whom has been attuned to her in a way she has never before experienced. She has learned how to be reliable and trustworthy as a mother, as her analyst had been for her, and as she now tries to be for her patients. With this internalization and welcome acceptance of "grown up

responsibility" has also come a greater freedom for self-expression. She concedes to indulging more in her "eccentricities" now, where before she used to be much more "careful."

Margaret cites a specific incident which she associates with a spurt in her maturing process. While she was at work, Margaret had always entrusted the care of her children to a live-in housekeeper. Her children were in their late teens when she was rushing home from work one day at a frantic pace, doing, in her mind, what responsible parents do. Her angst about being a good mother suddenly evaporated with the "recognition of that's them and I'm me, and I can't or don't make that much difference." She regards this as a moment of letting go of grandiosity and unnecessary responsibility. She states that she experienced a "different level of comfort" which was freeing, and it generalized to her work with patients.

Harriette speculates that an important maturation milestone for her has been learning to say "no." Because one of her biggest weaknesses has always been that she could be seduced by another's neediness, she found herself overly committed and resentful at many times throughout her life. She had also been taught that "you always finish what you start." In supporting her young adult son in his efforts to extricate himself from a premature commitment, Harriette heeded her own advice about it being okay to say "no" or to

change one's mind. This has helped keep her life and workload more realistically manageable ever since. It has freed her to be truly available for others when she so chooses.

Barbara knows that her experience of having lost so many family members through death has had a profound impact on her. She has attended to her response to these losses with such intensity that she has become more whole, more compassionate and more knowing. She states she has a better sense of what is truly important in life.

Julie looks back on her life and feels that because of her experience with her analyst, she has learned how to achieve a healthy balance of closeness and distance. Prior to this, attachment always meant merger, and without merger people were "curiosities." Knowing what it means to feel whole and real now, Julie feels much less defensive. She feels better able to listen to others with openness and without preconceptions.

Skills

Skills are abilities which may or may not reflect innate talent but are always influenced by experience. They are the end result of energy having been expended to develop a talent or learn an ability which then gets shaped by experience. Thus, as byproducts of an integrative process, skills can represent the best of what one has to offer.

There are three categories of skills which have emerged

from the data: Language Facility, Effective Strategies for Distress Management, and Proclivity for Self-Reflection.

Language Facility

This category has been identified not so much by the content of the interviews, but by the manner in which the information was conveyed. All subjects were clearly comfortable and adept in the use of words to communicate both affect and ideas. It was evident to the researcher that there was great care taken to achieve precision in their expression. This, however, appeared to be effortless and to be a part of a well-established style. It was typical of all interviews that subjects would retract words that were not exactly right and replace them with something closer to their intended meanings. When they could not find the words to express a thought or feeling, they would comfortably look down or away and wait. There appeared to be confidence that the right words would come if they could only be still.

Comfort with the spoken word is to be expected among those who practice the "talking cure." But what seemed apparent to the researcher was more than comfort. It was use of words as the tools of a craft. It was evidence of capacities for conceptualization. It was a vehicle for being close to or distant from the listener.

It will be recalled that six of the eight subjects were avid readers as children. They experienced firsthand the

power of words to soothe, stimulate, educate and contain. All six of these subjects (Jennifer, Rachael, Lauren, Harriette, Barbara and Julie) described a relationship between their reading and their highly developed, very private, internal world. Today, five of these subjects are published writers. It is further interesting to note that the two subjects who did not describe themselves as avid readers in childhood are today appreciated for their public speaking abilities.

Effective Strategies For Distress Management

In the course of telling their life stories, each subject revealed an awareness of implementing a particular style for coping with distress. As they had progressed through life, they appeared to learn how to be more methodical about their coping skills. What once may have evolved spontaneously to defend against pain and anxiety was examined consciously in close relationships and/or therapy. In this process, subjects made decisions about whether to keep and refine or to discard and replace distress-management strategies. Penny, for example, once used hard work, activity and compartmentalization to stay afloat during stormy times. She now knows how to stop and focus and confront a source of trouble. The value she now assigns to integration minimizes the risk of regressing to using the defense of compartmentalization.

Margaret provides a detailed description of what has evolved as her process when she finds herself overwhelmed. She speaks of doing two things:

> I sweat and stew and carry on until I feel like it's not working. Then I say 'Put it away.' And I put it away and say 'I'm done with that.' I've done what I can do at this juncture so now I need to stop. I'll come back to it two days from now, or six weeks from now and I'll work on it then. The other thing that I do is monitor my stress level and when I find myself getting disorganized...when I lose things...or find any degree of sleep disturbance then I know I'm chewing more than I can swallow. So then I can do an inventory and that's been very useful.

Proclivity For Self-Reflection

All subjects described times throughout childhood when they would stop to reflect on how life was impacting upon them. Perhaps the earliest memory is that volunteered by Jennifer who, at age three, sat through her punishment in a corner savoring the realization that she could think whatever thoughts she wanted to. Other illustrations of this proclivity reveal more pain such as Rachael's agonizing "What's wrong with me?" at age sixteen. Barbara illustrates a young adult's demonstration of this skill when she was twenty-seven. The psychiatrist she had just begun to see challenged her with the question "Why aren't you married?" Feeling narcissistically wounded, she chose to answer him in writing with a forty-three page, single-spaced, typed response. The thoroughly introspective nature of her "defense" surprised even her.

The more private their inner worlds, the more often subjects seemed to engage in self-reflective thought. The trait of curiosity, which all subjects possessed in abundance, also reinforced this proclivity to be self-reflective. It seemed only "natural" to be curious about what was going on inside as well as out. Once psychotherapy had been added to their lives, the practice of introspection truly became refined as a skill.

CHAPTER V

DISCUSSION AND IMPLICATIONS

Introduction

This qualitative research study was designed to investigate whether or not there might be a relationship between life experience, the capacity for empathy, and the ability to use empathy in a professional manner. The researcher conducted life history interviews with eight professional empathizers to determine if common events or patterns of events might characterize their lives. The interview data were coded and analyzed per the Constant Comparative Method (Glaser and Strauss, 1967). Although the study successfully pursued a focus of identifying common experiences, there emerged from the data an identification of personality traits and skills common to the subjects as well.

A total of eleven categories and seven subcategories of commonalities constitute the findings of the study. These findings will be considered individually in the light of what has been theorized about empathy as a discrete process and about empathizers as those able to utilize this process with expertise. It will be recalled that the empathic process as described by Buie (1981) consists of four sequential steps: 1) an awareness of perceptual cues which 2) stimulates memories and fantasies such that the therapist can 3) locate internal referents to match the patient's

experience, and 4) make an inference about its meaning. (See pp. 15-17 for a description of Buie's four referents.)

Using a format which parallels the presentation of findings, the categories of commonalities will be discussed within the groups of Traits, Experience and Skills.

Traits

Above-Average Intelligence

That all eight subjects possessed an above-average level of intelligence may be attributed to the selection criteria. That is, the fact that all subjects had achieved a specific level of post-graduate education implies a certain level of intellectual capacity. Intelligence has been defined as "the ability to make flexible use of memory, reasoning, judgment, and information in learning and dealing with new situations and problems" (Longman Dictionary, 1984). These ego functions are not exclusive to professional empathizers, but are in fact properties therapists may share with anyone who has a general capacity for empathy. What sets this group of therapists apart from nonprofessional empathic persons may be the disciplined use of their intelligence, as well as the content and complexity of their knowledge.

In the professional use of empathy it is necessary that what is understood about a patient be grounded in a theory of human behavior. Further, one must match internal referents that come both from professional learning as well

as from personal experience in order to deduce a conclusion. Good reasoning skills are therefore essential, as is judgment in the application of whatever conclusion is inferred. Mastery of theoretical and applied clinical knowledge is valued as an on going process of learning.

Sensitivity to External Stimuli

Sensitivity to external stimuli appears to be an inherited trait that serves many functions vital to the capacity for empathy. It is involved in both a readiness for empathic functioning as well as in the operation of the process itself. Regarding the latter, it enhances the potential for registering perceptual cues, the first step in the process described by Buie. Prior to that, it will have functioned to sharpen perceptions thus contributing to the accumulation of a refined and varied storehouse of internal referents.

All eight subjects revealed the trait of sensitivity in the descriptive way in which they shared details of their life stories. The observations recorded in their memories contained both cognitive and affective nuances. As such they are available to each subject when, in her professional role, she attempts to gain access to the internal world of the patient. If the storehouse of internal referents is large because of the many nuances of experiences perceived in life, it necessarily increases the possibilities for finding resonance with another's experience.

In addition to being instrumental in the formation of a pool of referents, sensitivity can also function to trigger the process of autonomic mimicry (Basch, 1983). This is another way in which access to referents already formed can be facilitated. The theory of autonomic mimicry posits the following possible scenario: a patient's body state and facial expressions, once perceived, can be unconsciously duplicated by the therapist giving rise to a similar affective state in the therapist. This facilitates access to those referents described by Buie (1981) which have an affective component (self-experience, imaginative imitation and resonance referents).

Traits that Encourage Exploration and Achievement

Curiosity

Curiosity contributes to the strengthening of personal boundaries in that it implies a state of wondering about sameness and difference. Clarity about personal boundaries is essential for empathic functioning so that irreversible merger does not occur (Corcoran, 1982; Beres and Arlow, 1974).

Curiosity may motivate empathic interest. The Barrett-Lennard (1962) definition of empathy employed in this study begins with "Empathy is an active process of desiring to know...." All subjects possessed the trait of curiosity in abundance.

Imagination

The ability to imagine is essential to the empathic process because what must be understood belongs to the patient, not to the therapist. The therapist can therefore only approximate the patient's experience through the use of imagination. This is most critically so when a therapist is confronted with foreign material. Imaginative Imitation, perhaps the most complex of Buie's (1981) four internal referents, requires that affect and ideation be combined with the therapist's creative use of imagination.

Imaginative role-taking and the capacity for fantasy are two of the four aspects of empathy used by Davis (1983) in his construction of the Interpersonal Reactivity Index. Davis was able to demonstrate in his research that fantasy bore a positive relationship both to sensitivity and to intelligence, two traits also belonging to this classification of categories.

Ambition

Ambition, the drive to succeed, is critical for sustaining the level of concentration often required for accurate empathic resonance. Because it has been established that empathy is not simply a "gift" as Deutsch (1926) once thought but is instead related to a difficult and complex process as Buie has proposed, ambition joins with curiosity as a trait that encourages exploration and achievement.

Experience

Childhood Monitoring of Maternal Affect and Need States

The earliest developmental origins of the capacity for empathy are said to be drawn from the preverbal sensory world of an infant's experience stimulated by the relationship with mother. Burlingham (1967) spoke of how the infant's inner world begins with the storage of "conclusions." She includes the unconscious pathways of this process when she speaks of how the infant can be "infected" with mother's mood. Other developmental theorists (Bergman and Wilson, 1984; Stern, 1985) have all described and stressed the importance of the phenomenon of attunement between mother and infant. Attunement refers to "an anticipatory sense of the other to the self, concomitant with an accommodation of the self to the other" (Bergman and Wilson, 1984, p.64).

This category addresses one side of the equation, the attunement of the child to the mother. It emerges from data that refer to a later period of childhood than focused upon by the above theorists. It is not possible to learn about the quality of the mutuality of attunement that might or might not have existed in infancy. It is instead sufficient to know that a sensitive watchfulness developed in the subjects as children. Their monitoring of maternal affect and need states may have served a defensive function at the time, but in doing so it provided a prolonged experience of

early training. The early training is felt to have sensitized the subjects to certain types of affects and need states. These are now part of their personal "pool of internal referents." The relationship between this experience of monitoring and the trait of "sensitivity to external stimuli" is unknown. It might be speculated, however, that the experience and the trait were mutually reinforcing.

Compensatory Experiences

Relationships

Using the terminology of self psychology, Atwood and Stolorow (1984) have commented on the way in which important relationships can exert a salutary effect on an individual's development:

> A requirement for the child's achievement and consolidation of self-object differentiation and of stable self-boundaries is the presence of a mirroring selfobject who, by virtue of a demarcated and firmly structured sense of self and others, is able reliably to recognize, affirm, appreciate, and pridefully enjoy the unique qualities and independent strivings of the child. (p. 71)

All subjects volunteered descriptions of persons in their past who had made them feel special by recognizing something real within or about them. In addition to contributing to self-esteem, these relationships fed a sense of wholeness or uniqueness in the subjects in a way in which their mothers had been unable to do. As the subjects experienced a clearer sense of themselves, their capacity to

recognize differences between self and others grew.

Noy (1984), who proposed three key components necessary for empathic functioning (sensitivity to others, perceptual mode, tendency for projection) held that the tendency for projection makes possible "the projection of personality or self into the inner image created by the perceptual mode" (p. 178). This is a secondary process operation which, Noy notes, requires "successful self-object differentiation." It accounts for the emotional knowing of another, a detachment of self-centeredness, and a perception of the object as existing in its own right. The tendency for projection, because of its lack of self-centeredness, is therefore essential for those who are to practice a professional form of empathy. Relationships which provided a compensatory function, thereby promoting self-other differentiation, assisted the subjects' development of the capacity for the professional use of empathy.

Reading

Basch (1983), in his discussion of the etymology of the term "empathy," traces its origins to the German Einfühlung, the ability of one person to come to know firsthand the experience of another. He also points out the use of the Greek preface em- which expands the concept to include "finding" or "searching" one's way into the experience of another. In childhood, six of the eight subjects repeatedly found their way into the experience of another through

reading. They were early and prolific readers. While reading served many different functions, especially self-comforting, it exposed the readers to an experience of total immersion in other lives and life situations. In this way it also developed their trait of imagination, and added to their personal storehouse of internal referents.

Professional Education

One relationship between professional education and the capacity for empathy and its professional use is that advanced by Pinchas Noy (1984). In his seminal presentation of three components necessary for empathy, Noy describes a perceptual mode which refers to an internalized model of the mind. This model is one of understanding the mind and its mechanisms from within. All models of the mind taught in schools of psychology and social work utilize this type of paradigm.

Professional education also served a compensatory function by exposing the subjects to professional role models. These were teachers, supervisors, advisors and master clinicians, including those with whom they became acquainted through professional literature and films.

Psychotherapy

The value properties of the compensatory experience of psychotherapy are similar to those discussed under the heading of Compensatory Relationships. This experience differs in ways sufficient to warrant separate

categorization, however. Most of the other relationships described by subjects occurred earlier in life. For all subjects, their experience in psychotherapy occurred from the late teenage years onward. It also was an experience deliberately sought out for the specific purpose of healing. The fact that each subject reported that her "most helpful" therapist had been male is a curious finding which the data do not explain.

Psychotherapy proved to be healing for all subjects by allowing them to work through developmental arrests and areas of potential blind spots in their later work as therapists. It gave them a referent for the experience of discovering the power of the unconscious and for being empathically related to. It healed many early narcissistic injuries. In sum, when the subjects would later sit in their chairs as therapists, the probability of using empathy for the fulfillment of their own narcissistic needs was diminished because of their experience in therapy.

Mastery of Separation Experiences

A repertoire of adaptive responses for the potentially overwhelming pain connected with separation experiences must exist in a professional empathizer. Such a repertoire is essential for the retention of a clear sense of self. Empathizing in a professional way requires an understanding and acceptance of boundaries. It mandates that the therapist know what belongs to the self and what belongs to

the patient. This experience of boundaries and differences, no matter how conscious, preconscious or unconscious, is an experience of separation. The following is an illustration of how a lack of mastery of separation experiences might contaminate an exchange in therapy: A therapist, in the course of accurately empathizing with a patient, simultaneously discovers a flooding of depressed affect in himself. This may be a consequence of the highlighting of boundaries which might induce the experiences of separation. If so, it is an artifact of the moment, a byproduct of empathic attunement. It is not a part of the patient's experience. The therapist must be able to tolerate whatever affects accompany separation in order to stay attuned to the patient.

When Buie (1981) speaks of that step of the empathic process which calls for the therapist to go within himself to locate internal referents, he also speaks of a moment of separation. When the therapist succeeds in locating and/or construing (as in the case of Imaginative Imitation) those referents, he ideally is clear that these are still <u>his</u> remnants of experience. He can only attempt to approximate the patient's experience. Both are alone in this comparative effort.

<u>Personal Values</u>

Values underpin integrity, and integrity plays a crucial role in the ability to practice a professional form

of empathy. With it one can assess a course of professional behavior that is in keeping with the best interest of the patient. The Oxford Dictionary defines "integrity" with such words as "incorruptibility, wholeness and soundness." Attributes such as these can sustain a therapist's endurance to understand his patients. One cannot be professionally empathic without values that ensure an ethical stance; one of effort expended for the primary benefit of the other.

Maturity-Promoting Insights

To be mature is to achieve a state of "having or showing fully developed mental powers, capable of reasoning and acting sensibly" (Oxford Dictionary, 1980). Maturity is required in order to practice a professional form of empathy (Schafer, 1983). It presupposes that an integrative process has occurred such that personal growth has combined with acquired knowledge of human behavior to produce a sophisticated capacity for understanding. To "act sensibly" as a psychotherapist is to maintain a professional stance of helper. To help in a professional way implies a theoretical underpinning that suggests how to manage a therapeutic relationship and the material that issues therein. It is an acceptance of the responsibility of relating to another for the primary benefit of the other. .

Skills

Language Facility

Stern (1985), in his formulations of the development of the four senses of self, writes of the "sense of a verbal self." He maintains that this "organizing subjective perspective" becomes possible in the second year of life. He notes that verbal ability functions as a double-edged sword. On the one hand, it makes parts of our known experience more sharable with others, and allows two people to create "mutual experiences of meaning." On the other hand, it makes parts of our experience less sharable with others.

> It drives a wedge between two simultaneous forms of interpersonal experience: as it is lived and as it is verbally represented...And to the extent that events in the domain of verbal relatedness are held to be what really happened, experience in these other domains suffer an alienation. (They can become the nether domains of experience.) Language, then, causes a split in the experience of the self. (pp. 162-163)

Good language skills appear to be relevant to the capacity for empathy for many reasons. A facility for using words makes possible the storage of a greater richness of memories. Some of these memories may be sharable, while others may be relegated to the "nether domains of experience." In either case, there will exist a more vast and varied accumulation of internal referents from which to draw in attempting to approximate another's experience. Language skills also affect the capacity for empathy by

making it possible to negotiate meaning with another, thereby increasing the probability of accurate attunement. Finally, good language skills facilitate secondary processing, a key component of empathic functioning.

Effective Strategies for Distress Management

An effective strategy for the management of distress is essential in order to function well as a professional empathizer. Without it, a therapist can be distracted by personal pain and be unable to clear the perceptual field so as to take in whatever cues manifest the experience of the patient's inner world. Object-centered empathy is more difficult when the therapist is in a needy state himself. Davis (1983) showed personal distress to be negatively correlated with social competence and self-esteem. Social competence and self-esteem he demonstrated to be positively correlated with the capacity for empathy.

Proclivity for Self-Reflection

Self-reflection is a synonym for introspection. Introspection is defined as "the examination of one's own thoughts and feelings" (Longman Dictionary, 1984). The second and third steps of Buie's empathic process involve the use of introspection. In a similar vein, Basch (1983) reminds his readers that data that are gathered both cognitively and affectively must be "disciplined with self-observation." Finally, empathy, according to Kohut (1959) is "vicarious introspection."

Perhaps because all subjects were bright, sensitive, and curious as children, they also developed a proclivity for self-reflection early on. Stern (1985) cites evidence of children being able to "objectify self and act as though self were an external category that can be conceptualized" as early as eighteen months.

As the subjects' life experiences increased in number and complexity, and their verbal skills expanded, so did the sophistication of their introspection. The addition of professional education and psychotherapy helped hone their capacity for introspection into a skill.

Implications for Practice

The findings of this research study suggest that empathic therapists are made, not born. While certain personality traits may predispose an empathic ability, it appears to be the impact of specific kinds of experiences and the development of unique skills that shape the capacity to use empathy in a professional way. This study has been able to identify a few of the experiences and skills which "experienced empathizers" appear to have in common. There are undoubtedly many others that await discovery.

Professional training programs of any discipline aspiring to produce effective psychotherapists may find it helpful to apply the findings of this study. It may prove beneficial, for example, in the initial phase of screening applicants for admission. It is expected that the three

categories of traits identified in this study are already considered of value by admission committees. Evidence of experiences such as those labeled "Compensatory" in this study, however, may be viewed with new respect for their prognostic value. Certainly if a student of psychotherapy has not himself/herself had the experience of being a patient at one time, the findings of this study would advocate for that experience.

Professional training programs might also review their curricula to ensure that opportunities for the development of skills, such as self-reflection and the precise use of language, are incorporated into the experience they provide for their students. It would also seem advisable for students of psychotherapy to become acquainted with Dan Buie's conceptualization of empathy as a sequential process. Training to heighten sensitivity to perceptual cues, for example, could easily be incorporated into a curriculum. Students might then be able to practice the "art" of empathy in a way that could be evaluated, refined, and developed into a true area of expertise.

Practitioners already in the field might view the findings of this study as helpful for many of the reasons already discussed. Certainly it would behoove all who have taken on the responsibility of being a psychotherapist to review the concept of object-centered empathy. It is hoped by this researcher that a true understanding of empathy that

is object-centered would result in fewer abuses of trust. Therapists, for example, might take steps to make themselves less needy and more mature if they were to realize the benefit not only to themselves, but also as an ethical response to the nature of their work.

Finally, the findings of this study make it possible to view any and all life experiences as having inherent value. All experiences, no matter how negative a valence they subjectively carry, become a part of an internal storehouse of referents. For the psychotherapist, this can only increase his capacity to deeply understand the experiences of another.

Directions for Further Research

The implications of this study for training programs for psychotherapists have been discussed. Skills positively associated with empathic functioning might be used to develop training modules. An experimental study designed to determine the effectiveness of such a training program would seem to be a worthy endeavor.

In addition to empirical studies, further qualitative research might be undertaken to determine whether different populations controlled for variables of age, sex, ethnicity, geographic location, etc. would yield similar or different findings vis-a-vis this study's questions.

The literature on empathy reveals that understanding occurs on two levels of knowing: cognitive and affective.

It would be important to know if therapists lean more toward one way of knowing than another; if so, what accounts for this difference?

With the exception of one subject, the population of this study reported significant trauma in their early histories. What differences, if any, might emerge if two groups of subjects, one with trauma and one without, were compared regarding their empathic abilities?

The fact that all subjects in this study reported early monitoring of maternal affect and need states, raises several questions:

1. Are children who monitored their mothers in this way equally likely to have monitored other members of the family and/or community in a similar way?
2. Do children who have monitored their mothers and/or others for affect and need states grow up to be adults hypersensitized to the presence of specific affects and need states?
3. Are there adults who have this history of childhood monitoring of maternal affect and need states who do not have a heightened capacity for empathy? If so, why not?

APPENDIX A

LETTER OF REQUEST FOR NOMINATIONS

Irene Di Raffael, L.C.S.W.
250 McCloud Avenue
Thousand Oaks, California 91360
(805) 495-1028

Dear Colleague:

I am writing to ask your help in identifying a special group of clinical social workers. I am searching for those who might qualify as subjects for a research study investigating the origins of empathic capacities in "professional empathizers."

As a doctoral candidate at the California Institute for Clinical Social Work, I am seeking to determine what part life events might play in the making of an empathic therapist. My study uses an exploratory design and will attempt through life history interviews to identify common patterns of experience both prior to and following social work education.

The first step in recruiting my population is to ask clinical social workers to nominate a peer who comes to mind upon reviewing the definitions and list of qualities enclosed in this mailing. In addition, the person you nominate must have been in practice for at least ten years (post M.S.W.), practice using a psychodynamic orientation, and have had personal psychotherapy.

Those clinicians nominated will be notified by mail and asked to complete a brief "Empathy Survey." From among those who complete the survey and indicate a willingness to be interviewed, a group of approximately ten will be selected. In keeping with research protocol, all information, including the source of the nomination, will be held in strict confidence.

I am enclosing a sheet on which to record your nominee's name and address. I would be most grateful if you would use the pre-addressed, stamped envelope to return your response to me within two weeks.

I would like to thank you in advance for assisting me with this project. Should you wish to learn of the outcome of this study, please so indicate and I would be more than happy to forward you an abstract.

Sincerely,

_____

Irene Di Raffael, LCSW
Investigator

APPENDIX B

DEFINITIONS AND QUALITIES

Empathy

"Empathy is an active process of desiring to know the full, present and changing awareness of another person, of reaching out to receive his communication and meaning, and of translating his words and signs into experienced meaning that matches at least those aspects of his awareness that are most important to him at the moment. It is an experiencing of the consciousness 'behind' another's outward communication, but with the continuous awareness that this consciousness is originating and proceeding in the other."
(Barrett-Lennard, 1962)

Professional Empathy

One employs professional empathy when he allows the patient to exist in his own right, not for the fulfillment of the therapist's own narcissistic needs.
(Buie, 1981)

Qualities of an Empathic Person

1. Is socially perceptive of a wide range of interpersonal cues.
2. Seems aware of the impression he makes on others.
3. Is skilled in social techniques of imaginative play, pretending and humor.
4. Has insight into own motives and behavior.
5. Evaluates the motives of others in interpreting situations.
6. Is able to vary roles; does not relate to everyone in the same way.
7. Does not judge self and others in conventional terms like "popularity," "the correct thing to do," social pressures, etc.
8. Is comfortable with uncertainty and complexities.
9. Does not tend to transfer nor project blame.
10. Does not handle anxiety and conflicts by refusing to recognize their presence; has neither repressive nor dissociative tendencies.

(Hogan, 1969)

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APPENDIX C

REPLY FORMS

NOMINATION FORM

Dear Irene,

After having read the criteria for population selection for your study, and having reviewed the definitions and list of qualities of an empathic person, I would like to submit the following name:

Name_____

Address_____

_____

_____

REQUEST FOR ABSTRACT

Upon completion of your study, please send a copy of your abstract to me at the following address:

Name_____

Address_____

_____

_____

APPENDIX D

INTRODUCTORY LETTER

Irene Di Raffael, L.C.S.W.
250 McCloud Avenue
Thousand Oaks, California 91360
(805) 495-1028

Dear Colleague:

Your name has been submitted to me by your social work colleagues as a potential subject for my research study currently in progress. I am a doctoral candidate at the California Institute for Clinical Social Work, and am studying significant life events in the personal histories of empathic psychotherapists. The submission of your name suggests that you have met certain criteria for being viewed among your peers as skilled in the use of professional empathy. Even if you should choose not to participate in my study, I hope that you will feel honored to be thought of among your peers in this way.

The selection of my population will begin with the collection of data taken from the enclosed "Empathy Survey." This questionnaire takes approximately 20 minutes to complete and presents an opportunity to begin to explore the development and actual experience of therapeutic empathy. For some who are willing, the completion of this survey will be followed by a 2 hour, in-depth, tape-recorded interview. Because this life-history interview will be of a highly personal nature, careful measures consistent with research protocol will be taken to protect confidentiality.

If you are willing to give of your valuable time and of yourself in this way, please complete the enclosed survey and return to me in the self-addressed, stamped envelope provided. I sincerely appreciate your consideration of this request, and again wish to congratulate you for being nominated by your colleagues.

Sincerely,

_____

Irene Di Raffael, LCSW
Investigator

APPENDIX E

EMPATHY SURVEY

Work setting(s)_____,_____
Number of years in practice_____
Theoretical orientation_____
Personal intensive psychotherapy received_____yes _____no

Please complete the following statements in a way that best conveys your thoughts, feelings and experiences. Feel free to use the reverse if more space is required. Thank you.

1. When I am in an empathic stance with a patient, my experience can best be described as follows:_____

_____

_____

_____

_____

_____

2. The patients I find most difficult to empathize with tend to be _____

_____

_____

a. When this happens I _____

_____

_____

3. The patients I most easily empathize with tend to be____

_____

_____

4. I know that I am not empathizing with a patient when____

_____

_____

5. I know what it feels like to be deeply understood by another because of my experience with (specify relationship)

_____

a. I experienced this as _____

_____

_____

6. I know what it feels like not to be deeply understood because of my experience with (specify relationship) _____

_____

a. I experienced this as _____

_____

_____

7. I think that the process of empathizing with a patient begins with _____

_____

_____

8. I think that my overall ability to empathize with patients would improve if _____

_____

_____

9. I would never have worked hard at developing my empathic capacities had it not been for _____

_____

_____

10. The traits in myself which I think contribute to my ability to be effectively empathic with patients are _____

_____

_____

_____

11. When I am in the act of empathizing with a patient, the knowledge I gain about that patient comes from _____

_____

_____

12. Please rank, in order of importance, the following factors according to the contribution you feel these have made to your empathic abilities. All experiences and traits are your own with "1" signifying the most important.

____ supervision
____ personal therapy
____ relationship with parents
____ relationship with significant other
____ other (specify) _____

____childhood experiences
____education
____personality traits

13. I do/do not (circle one) think that there is a difference in my use of empathy in my personal as opposed to my professional life because _____

_____

_____

****

Please complete if you would be willing and available to participate in an in-depth, personal interview.

Name _____

Address _____

_____

Telephone_____ Times and days best to call

_____

Thank you!

APPENDIX F

INFORMED CONSENT FORM

California Institute for Clinical Social Work

I, _____, hereby willingly consent to participate in An Exploratory Study of the Life Experiences of Professional Empathizers research project of Ruth E. Bro, Ph.D. (Dissertation Chairperson) and Irene Di Raffael, M.S.W. (Investigator) of the California Institute for Clinical Social Work.

I understand the procedure to be that of participating in a two-hour, tape-recorded, life-history interview. I understand that I may refuse to answer any questions without penalty, and that I may withdraw from the study at any time also without penalty. I understand that this study may be published and that my anonymity will be protected unless I give my written consent to such disclosure.

Mrs. Di Raffael has informed me that the interview will be taped for her use only. I have also been advised that my name sill not appear on the tape and that at the completion of the study, the tape will be erased. I realize that without such consent I will not be identified in any publication nor presentation of information gathered as part of this study.

Signature _____ Date _____

APPENDIX G

PRELIMINARY CATEGORIZATION OF CODIFIED THEMES

adaptive function of empathy	(S/E)
need to develop perceptual awareness	(T/E/S)
function of reading	(E/S)
type of community	(D/E)
childhood friends	(E)
position in family	(D/E)
relationship with mother	(E)
relationship with father	(E)
feeling of specialness	(E)
emancipation during adolescence	(E)
family messages	(E)
love of adventure	(T/E)
important role models	(E)
tendency to be alone	(T/E/S)
experiments with fantasy	(T/E)
risk taking	(T/E)
defensive style	(E/S)
family's economic status	(D/E)
academic success	(E/T)
family's mobility	(E)
early separation experiences	(E)
connections with non-relatives	(E)
quality of personal therapy	(E)
capacity to play	(T/E/S)
helpful mirroring by others	(E)
leadership qualities	(T/E/S)
experience of competency	(T/E)
lessons with maturity	(E/S)
ambitious	(T)
learning valued	(T/S)
exposure to other cultures	(E)
attitude of openness	(T)
genuineness	(T)
exposure to differences	(E)
curiosity	(T)
awareness of empathic limits	(T/E/S)
skill with verbal expression	(S/T)
style of connecting to others	(E/S)
concern with inner world	(E/S)
self-other awareness	(T/E/S)
gauging environmental safety	(T/E/S)
independence valued	(T/E)

E=experience T=trait S=skill D=demographic

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