Empathy Beyond the Conceptual Level

Core nonspecific factors of psychotherapy

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ABSTRACT The human mind contains much more than concepts. By only taking into account the conceptual level, a cared-for person may feel utterly lonely and abandoned, not deeply in contact with the caregiver, not deeply understood for who he or she really is. A chronic pain patient, for instance, may react to a purely conceptual-level communication, with its lack of deeper contact, by an increasing sense of loneliness. This in itself may substantially contribute to the suffering of chronic functional pain or even functional disorders in general. In dealing with chronic pain patients, as with any patients, it is therefore very important to develop a sense of empathy that goes beyond this, towards deeply understanding the patient as complete person. This sheds a profound light on the all-important nonspecific factors of psychotherapy, which according to many researchers form the only profoundly active principle in psychotherapy.

There is quite some confusion in scientific literature about empathy. Generally, empathy means the ability to understand another person's feelings, thoughts, and motives cognitively and affectively. The related concept of altruism involves a pro-social motivation directed toward the ultimate goal of increasing the welfare of the other person (Batson et al. 1991). However, people may be "altruistic" for many reasons, some of which are rather egoistic. For example, one may project one's own ego at a purely conceptual level into a cared-for person, after which caring for the other becomes a form of caring for the projected ego.

Although altruism clearly does not in itself necessarily transcend egoism, a chronic pain patient, for instance, may not be aware of this. Behind the screen of conscious awareness, he or she may react to a purely conceptual-level communication, with all its lack (and even negation) of deeper contact, by an increasing sense of loneliness. This in itself may bring even more pain. For the caregiver too, a purely conceptual-level communication may for the same reason bring increased negative affectivity and distress, including feelings of guilt and guilt-projection, if the other does not want to fully comply with being cared for this way (Goubert et al., 2005). Therefore, in dealing with chronic pain patients, it is very important to develop a sense of empathy that goes beyond the conceptual level and that moves towards "deeply understanding" the patient as a complete person. At the level beyond the conceptual level—the level at which concepts alone are principally inadequate to denote what is said, meant, felt, or done—a feeling of loneliness may drastically change into a feeling of connectedness, of being validated and understood for who one really is, transcending egoism.

This notion of empathy beyond the conceptual level sheds a profound light on the all-important "nonspecific factors" of psychotherapy, which according to many researchers form the only profoundly active principle in psychotherapy (Ahn and Wampold 2001; Kirsch 2005; Patterson 1985; Wampold 2001;). These factors can now be defined as "empathy beyond." In retrospect, it may have been difficult to conceptualize these factors precisely because they are principally beyond the conceptual level. For that reason, the search to conceptualize them may even be counterproductive. In this article, we describe at a

meta-level what "empathy beyond" is and why it is important, without attempting an exact description. To clarify this endeavor, chronic pain is taken as an example domain.

The Concept of Empathy in Scientific Literature

With quite a lot of definitional variety and even confusion in the literature about empathy, there is a huge disagreement about what empathy really means. The following are some of the many definitions to be found:

- "The ability to understand the patient's experiences and feelings accurately, it also includes demonstrating that understanding to the patient." (Mathiasen 2006)
- "The ability to share the other's feelings, in at least two ways: 1) empathy with the pain of another person activates part of the neural pain network (AI, ACC) of the empathizer (= sharing the other's feelings in an embodied manner); 2) cognitively inferring about the state of the other person, this is: 'theory of mind' or 'cognitive perspective taking.'" (Hein and Singer 2008)
- "Empathy is about a sense of knowing the personal experience of another person, with cognitive, affective and behavioral dimensions." (Goubert et al. 2005; emphasis added)
- "Putting oneself in another person's shoes and getting a sense (i.e. cognitive-emotional grasp) of that person's perspective and what he or she is experiencing, feeling, and thinking." (Banja 2006)
- "A phenomenon wherein I imagine not what this experience would be like for me, but rather what it would be like as if I could live in this other person's world and feel and interpret that person's experiences as he or she does." (Carl Rogers, cited in Banja 2006)
- "A necessary condition for therapists attempting to help others." (Carl Rogers, cited in Goubert et al. 2005)
- "The act of correctly acknowledging the emotional state of another without experiencing that state oneself." (Leading group from the Society for General Internal Medicine, cited

in Halpern 2003)

- "Purely cognitive, contrasting it with sympathy. Sympathetic physicians risk overidentifying with patients… clinical empathy should be based in detached reasoning." (Halpern 2003)

Underlying these definitions, empathy is mostly regarded either as something that happens mainly at the consciously conceptual level, or as something that one can, in a second move, readily and accurately grasp at this level, thereby being able to label the distinct thoughts, feelings, or motives involved, and to communicate these back to the patient or to others. The model of detached concern, which was until a few decades ago still ruling the waves of empathy, presupposes that knowing how the patient feels is no different from conceptually knowing in which distinct emotional state the patient resides (Halpern 2003).

Fortunately, however, in recent decades an evolution has taken place beyond this understanding. Halpern (2003) asserts that: "the function of empathy is not merely to label emotional states, but to recognize what it feels like to experience something. That is why empathy is needed even when it is quite obvious what emotion label applies to a patient". Also, the emphasized words "a sense of" in one of the definitions above indicate a sensitivity to the importance of subconscious, beyond-conceptual processing within empathy (private communication from one of the authors). Times are changing, but sometimes a lot of time is needed for dramatic changes, especially in clinical practice.

Empathy and Altruism

In order to more clearly delineate "empathy beyond," it is worthwhile to discuss it in relationship to altruism. The "empathy-altruism model" states that the pro-social motivation evoked by empathy is directed toward the ultimate goal of increasing the welfare of the other person (Batson et al. 1991). However, there are several ways in which "selfless" altruism can be seen as egoism in disguise. For example, altruism may be invoked in order to gain the good feeling oneself that comes with sharing vicariously in another person's joy at improvement (Batson et al. 1991). Similarly, altruism may be invoked in order to relieve the personal sadness that may come from witnessing the sadness of a sufferer

with whom one feels empathically related (Cialdini et al. 1987). Furthermore, so-called altruism may be directed toward the goal of obtaining social or self-reward (praise, pride, the feeling-good idea of being altruistic) or toward the goal of avoiding social or self-punishment (guilt, shame; Batson et al. 1988). In addition, altruism may serve as part of "terror management," in which generous behavior is meant to restore the idea that one is living in a meaningful world and to defend the self from the threatening awareness of personal mortality (Hirschberger, Ein-Dor, and Almakias 2008). Finally, feelings of altruism can develop due to features of the self-concept being located outside of the individual and inside related others; this self-other overlap can result from a temporary shift in otherwise established boundaries (Cialdini et al. 1997).

This last hypothesis may also be explained through application of evolutionary principles, namely the concept of "inclusive fitness," which states that individuals do not so much attempt to ensure their own welfare and survival as those of their genes. Interestingly, Cialdini et al. (1997) label the concept of self-other overlap as "nonaltruistic," in order to distinguish it from other forms of "altruism as egoism in disguise":

> When the distinction between self and other is undermined, the traditional dichotomy between selfishness and selflessness loses its meaning. Accordingly, under conditions of oneness, helping should not be considered necessarily egoistic; it can be considered nonaltruistic, however, to distinguish it from the concept of selflessness.

Here lies a very important boundary: if there is nothing but a purely conceptual recognition of oneself in the other person or some aspect of the situation, or a purely conceptual recognition of the other inside oneself, then the accounts of altruism as egoism in disguise are quite accurate. We are in the domain of purely conceptual empathy. However, if there is a self-other overlap or oneness at a sub-conceptual level, then egoism versus altruism, selfishness versus selflessness, lose their habitual meaning. We are in the domain of empathy beyond conceptual-level altruism.

Empathy and the Person with Chronic Pain

Conceptual-level empathy has many functions. It is a sine qua non for improving clinical understanding, for reducing misunderstandings, and for handling moral challenges in medicine (Pedersen 2008). These functions should not be overlooked when going beyond. One can thus distinguish two kinds of empathy that are both important for dealing with the person in chronic pain, namely the conceptual and the sub-conceptual. However, when the involved "altruism" is really egoism in disguise, then empathy can have negative effects. For instance, a physician may underestimate pain in an attempt to cope with his own distress (Goubert et al. 2005), thereby also under-treating the patient or worse—evading contact. Or the physician may overestimate pain by seeing himself in the other and by overreacting or catastrophizing, because she has no direct hold on "her" pain in the patient. The physician can then communicate her overestimation to the patient, who as a result of this also gets the embodied opinion of more pain—the more so because pain can be purposeful from the outset at a personal and interpersonal level, eliciting reactions in others that are a substantial and integrated part of the whole experience (Goubert et al. 2005). This is also a situation in which empathy can hurt the empathizer, easily leading to burnout (Loggia, Mogil, and Bushnell 2008).

One can see diverse effects of empathy not only in the case of the physician or psychotherapist, but also in couples where one partner is experiencing chronic pain. Sometimes specific elements of the relationship between the couple can enhance the pain of the partner with chronic pain. This may be the case when pain behavior is rewarded by getting attention, or when feelings of guilt towards the partner heighten tensions, resulting in punishing or "hostile-solicitous" spousal responses, or feelings of chronic aggression towards oneself (Cano, Barterian, and Heller 2008; Newton-John and Williams 2006). These chronic negative emotions may heighten pain. At the other side, with genuine and deeply empathetic communication between partners, such as may be the case when both spouses know chronic pain, both partners may experience fewer depressive symptoms and less pain severity (Johansen and Cano 2007).

Empathy Beyond and the Nonspecific Factors of Psychotherapy

In search of what works and what doesn't in the domain of psychotherapy, many researchers come to the

conclusion that the nonspecific factors are the most important ingredients (Ahn and Wampold 2001). However, what these nonspecific factors really encompass is hardly understood. There is a parallelism with the placebo-effect of medication (Kirsch 2005; Patterson 1985; Wampold 2001). In both, "expectancy" (sometimes denoted as "hope," "trust," or "belief") is deemed to be a very important—or even *the* most important—element (Greenberg, Constantino, and Bruce 2006; Kazdin 2005). The relevant question, then, is whether this expectancy is mainly a conscious, conceptual-level phenomenon, or whether it goes beyond the conceptual level. Thinking about empathy, one can clearly see that empathy as such hardly works if it only reaches the conceptual level. Consider acting, which is also an act of empathy: it hardly works when the actor does not reach beyond the conceptual level. In medical practice, if the physician is only coldly able to label the patient's emotions and cognitions, the patient will not yet feel deeply understood. Also, there is no really therapeutic action present in this kind of interaction. Only when the caregiver goes beyond what can be readily labeled will the patient start feeling "healed" through the relation itself. The belief of the patient in a caregiver or in a therapy only really works when it is a profound belief. But instilling—or better, inviting—such a belief can only be done in-depth.

This does not mean a return to psychoanalysis, which has always been an endeavor to conceptualize, and therefore to tone down and away, the sub-conceptual part of man. Nor does it mean a hard-core kind of behavioral therapy à la lettre, which itself is (still for many practitioners, though already less in theory) actually an endeavor to negate, or "black-box away," the sub-conceptual part of humanity. In a sense, empathy beyond means the opposite of both. It is humanistic, but it takes into account very profoundly the fact that human mind is mainly sub-conceptual. There can, in principle, be more healing in an ounce of smiling than in a ton of conceptualization, and a rightly chosen metaphor can go deeper than a thousand schemes. An invitation to deeply be yourself, to discover and realize deeper needs and aspirations or goals, can relieve more chronic pain than a therapy-time of labeling. An appropriate moment of silence can reach further than an hour of chit-chat. These few sentences may make it seem easy, but empathy beyond is not straightforward to master. It can be developed, but it is not just about

learning to use some instruments. Instead, it is about becoming the instrument oneself—about being open to a world of sub-conceptual patterns.

One may think that this may lead to over-involvement with the patient's suffering, leading for instance to burnout. There has as yet not been any specific research into this. However, it seems logical that the negative effects of over-involvement are largely the result of being stuck in the conceptual domain. Sub-conceptual thinking is much more flexible, meaning that there can be quick and deep involvement, but also quick and deep de-involvement.

Conclusion

The human mind contains much more than concepts. In only taking into account the conceptual level, a cared-for person may feel utterly lonely and abandoned, not deeply in contact with the caregiver, not deeply understood. A person with chronic pain may feel this loneliness very sharply. Indeed, the loneliness may be part of the affective response to chronic pain, and may even substantially contribute to the suffering of chronic functional pain or even to much broader functional disorders in general. Therefore, in the domain of empathy it is of utter importance to go beyond the conceptual level. This will bring the caregiver into deep contact with the cared-for, and the cared-for into contact with his or her deeper self, thereby relaxing possible tensions between the two levels.

Empathy beyond the conceptual level may be the general principle that one can discern behind nonspecific factors of psychotherapy in general. It goes beyond a kind of altruism derived from a relation between two egos, offering instead a deep-to-deep communication between two complete human beings.

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