

**Stefano Bolognini**

**THE COMPLEX NATURE OF PSYCHOANALYTIC EMPATHY: A  
THEORETICAL AND CLINICAL EXPLORATION<sup>1</sup>**

Empathy has been my major field of interest for more than twenty years now. So, I believe that briefly reporting the reasons for my clinical and theoretical interests as well as the historical and conceptual route I have traveled along is not a mere exercise in narcissism. I feel that many of you, in fact, may find something of yourselves and your training experience in this brief description and the scientific scenarios I will outline here.

When I was a young candidate in training, grappling with the traditional difficulties of my first analytic treatments, I was often struck by a kind of intra-session experience that was rather rare, absolutely unpredictable, as far as I could see, but nevertheless remarkable. What characterized the experience was effective emotional contact and a propitious representational clarity, during which the patient's conscious experience was shared and deeply felt, though patient and analyst retained their separateness and personal individuation.

It sometimes happened that not only the analytic “glance” (the intellectual understanding, the ability to explain, Jaspers' idea of *erklaren*), but also the total experience of “understanding and feeling” (in the well-integrated form of comprehension or *verstehen*) penetrated a little deeper into less ego-syntonic areas. It was as if the links in the chain-mail of the defensive ego were at these times

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temporarily enlarged, allowing our internal sensors to gain greater access to our own preconscious and that of the patient.

When I say “a little deeper”, I am not referring to heaven knows what heightened powers of introspection, a delirium of clarity or a hypervisual phenomenon. I am merely reporting a state of overall good functioning which unfortunately takes place all too rarely.

Perhaps the best metaphor I can provide is that of certain beautiful days, when the air is crystal clear and the eye can see for miles with nothing to block its view of the horizon. From my hometown, the Alps are clearly visible four or five times a year, when by some happy coincidence the air currents sweep away the clouds, humidity and mist (the symbolic equivalents of internal defenses and the usual difficulties in getting the intersychic relation under way).

On those rare occasions, the mountains are there to see in all their very moving beauty. Yet the real distance from them is not belied; they are and they also appear to be distant, and therefore separated from us, but they are also perceptible and every detail can be savored as the scenery changes from woodland to upland pastures, right up to the highest rocky peaks caught in the sun's rays.

This metaphor is not limited by its connection with the visual to the concept of insight exclusively, because the experience I have described is almost always shared, moves more than one person and facilitates further development in relations between those present. This, perhaps, opens up the prospect of a possible relation between insight and empathy, as phenomena associated respectively with the intra-psyche and the inter-psyche (Bolognini, 2003).

What struck me on such occasions was the way this privileged condition enabled me to work with the patient in a very natural way without any straining. Thus, the patient's rhythms and subjective difficulties were respected, since the fears, impediments and defensiveness of the interlocutor were perceived properly and

consequently given instinctive respect.

At the same time, to a great extent the patient would also share this momentary atmosphere of contact and representability of his inner world. He would usually allow himself to “open up” as regards his relations and the self, at least until the inevitable return of the mist and clouds, when analysis would go back to being an uphill grind, made up of obscure and fragmentary associations, long silences and unbridgeable gaps, contained within the setting and by a basic trust in the effectiveness of the method.

Convinced that I had in some way or other discovered the transformative nucleus of analysis, where knowledge and change were possible, I naively thought that if I managed to successfully study the techniques for deliberately creating empathic situations, I would have found the equivalent of the philosopher's stone for psychoanalysis.

I also observed with a certain amount of embarrassment that I was unwittingly cultivating within myself the fantasy of a special, innate “empathic competence”, as if I could count on some hidden talent for tuning in to my patients. I was able to recognize this narcissistically rather pitiful delusion, however, when I realized how widespread these fantasies were amongst my young colleagues; they seemed to be almost a universal prerequisite for would-be analysts. As the years of clinical practice went by, so my investment in such fantasies faded. Alas, how many days of mist and fog awaited me, instead of the crisp, clear air I had so desired at the start of my training!

The first section of my book “Psychoanalytic Empathy”(2002) contains a detailed investigation of the psychoanalytic literature on the subject from Freud to the present day, and I do not intend to make a scholastic summary of it here. Suffice it to say that my illusions about being able to somehow pre-determine empathy were preserved and protected for some time thanks to my reading of the works of Kohut (1971; 1977; 1984), for the simple reason that this author – who is in many ways very interesting

and has been too readily dismissed by his detractors – conceives and describes empathy as a method and not as a fortunate eventuality, which is now the way I regard it, after many years of reflection.

For similar reasons, I cannot agree with Modell (1990) when he calls empathy a “voluntary act”. My own experience, backed up by discussions with colleagues, confirms that analysts who are determined to empathize are up a blind alley. They will probably encounter a closure of the preconscious and may even end up becoming almost a caricature (masterfully described by Schafer, 1983, when he ironizes about analysts who are convinced they have the “right pace”).

The unconscious cannot be tamed on demand, and the preconscious is intolerant of too purposeful an attitude on the analyst's part. By contrast, the literature is full of convincing arguments in favor of the fruitfulness of surprise in analysis (Faimberg & Corel, 1990; Faimberg, 2005; Eiguer, 1993; Smith 1995; Schacht, 2001). Surprise is an irreducible and unplanned factor with a potential for producing creative openings; it is a factor to which experienced analysts wisely “resign” themselves.

I would nevertheless make one concession as regards the methodical practicability of the empathic transformative area, and that concession concerns psychoanalytic training, a facilitating factor.

Returning to our meteorological metaphor, we could say that although it is not in our power to decide whether there will be sun or rain tomorrow, what we can do is to move to a place in the world where the climate has strong tendencies in a particular direction. There we would be justified in expecting certain climatic conditions to be far more frequent. Thus, it is not unrealistic to suppose that a good psychoanalytic training may be conducive – in a modest but far from negligible way – to a more frequent occurrence of empathic situations, provided that the analyst does not set out to empathize methodologically (and provided that he does not delude himself that he has moved from Edinburgh to Marrakech).

Over the last thirty years, heavy criticism has been leveled at the North American “Ego-Psychoanalysis” of the 1950s and 60s, on the (not unjustified) grounds of its obsessive, somewhat fussy descriptions and its general claim to define and pigeon-hole in structural maps of the ego every possible internal attitude of the analyst and patient. We also know that many have interpreted the interpersonal, intersubjectivist and co-constructionist currents in the USA as a reaction against the previous excesses of the Ego-Psychoanalysis school. Indeed, nowadays it might even appear “inexpedient” or unfashionable to make the type of appreciation I feel bound to make here – albeit specifically on the subject of empathy - for the contributions of Greenson (1960), Olden (1958) and Schafer (1959).

Nevertheless, I believe that their work has had the positive effect of removing at least partially the concept of empathy from the almost mystical air of magical indefiniteness which surrounded it. Though some of their descriptions may appear rather schematic today, we should acknowledge their contribution in clearly locating empathic situations in the conscious-preconscious zone and unequivocally distinguishing them from phenomena of identification. The latter are unconscious by definition and, since they are intrinsically unthinkable, are if anything diametrically opposed to empathy with its rich capacity to be thought. Unlike real identification, empathy also presumes a contact of “feeling oneself into”(from German *Einfühlung*) while remaining aware of one's own identity as a separate person, through a sort of partial and conscious trial identification.

The shared experience of these areas of specific fusional contact for intimate communication (Bolognini, 1997, 2002; Fonda, 2000) is possible precisely when the persons concerned have attained separateness, individuation and a sense of self which is sufficiently solid and defined within its limits. Identification, in the strict sense of the word, is the very opposite of this condition.

The Kleinian and post-Kleinian school have also made precious contributions to our understanding of empathy. They are based on a very distinctive conceptualization, in

which the physiological vicissitudes (which are communicative and potentially pro-empathic) and/or pathological vicissitudes (involving evacuation, control etc.) of the mechanism of projective identification are studied with remarkable finesse (Klein, 1955; Money-Kyrle, 1956; Rosenfeld, 1987; Bion, 1967,1970; J. Steiner, 1996; Grotstein, 1983; 2003). Their works helped me to further distinguish projective identification from projection, which in my opinion is also an anti-empathic factor.

I found very interesting a recent contribution by Widlocher (2003), who takes up again the Freudian concept of “thought induction” (S. Freud, 1921) and connects empathy, through “thought transference” to the associative and representational “co-thinking” of the analyst and patient: the associative process of “co-thinking” “...enables us to achieve the effect of empathy” and also “... the interpretation should be understood as a direct effect of the co-thinking”.

I have to admit that a good many of my observations run counter to the commonplaces on empathy generally put about by non-experts, but unfortunately also by some colleagues who seem to have misgivings or are reluctant to go deeper into the matter.

First among these commonplaces is the idea that empathy is a sort of generic analytic “kindheartedness”, whereby the analyst should be *a priori* well-disposed towards the patient and tune in with his ego-syntonic experience, concordant with it. Quite the contrary, empathy is a complex intra- and interpsychic phenomenon which requires a certain capacity for internal articulation and freedom of perception and representation of affects and every type of configuration.

I have proposed a possible definition of psychoanalytic empathy (which goes to join those of Beres & Arlow (1974), Schafer (1983) and many others): “True empathy is a condition of conscious and preconscious contact characterized by separateness, complexity and a linked structure, a wide perceptual spectrum including every colour

in the emotional palette, from the lightest to the darkest; above all, it constitutes a progressive shared and deep contact with the complementarity of the object, with the other's defensive ego and split off parts no less than with his ego-syntonic subjectivity”(Bolognini,1997).

As you can imagine, such a definition rules out easy solutions in the clinical field and mono-focal theoretical formulations. One cannot attune oneself (or even delude oneself that you one has the power to do so) specifically and in a concordant countertransference way exclusively with the patient's “wounded narcissistic self” or only with the patient's sexuality, or even, in a complementary countertransference way with his internal objects, in the belief that one has lived through an authentic empathic experience, or at least a psychoanalytic empathic experience with him.

I doubt whether I have really succeeded, but I would like to be able think that in this short preamble I have conveyed to you the idea of my passage from an initial attitude marked by fond hopes and simplification as regards empathy to one which I hope is more mature and which recognizes its complexity and respect for the natural time-span of the creative psychoanalytic encounter.

This is of course my own personal history, but perhaps it reflects some of the possible routes to be traveled along as regards this concept which because of its very nature tends to stimulate in the analyst, on the one hand, fantasies of omnipotence or, on the other, a flat rejection; the illusion of the philosopher's stone of psychoanalysis or the repudiation of something that appears to elude rigorous metapsychological pigeon-holing.

## **A SESSION WITH MONICA: FROM “SOCIABILITY” TO RECOGNITION OF THE SELF.**

The clinical material I intend to use to highlight some of the theoretical points I made earlier is slightly different in nature to the vignettes usually presented – and which I myself have presented in the past in works on empathy (Bolognini, 1984; 1991; 1997a; 1997b; 1997c; 1997d; 1998; 2001).

We generally tend to report sessions or sections of treatment with rather sensational developments, fairly spectacular breakthroughs, peppered with important moments of comprehension between patient and analyst, and a strong emphasis on one specific aspect which proves to be the crux of the matter.

For this occasion, I have chosen to report a session which is not particularly exciting in its short-term developments, but which, in my opinion, proposes a less elementary image of psychoanalytic empathy, respecting its complexity. This is the aspect I wish to stress here, also distinguishing the “natural” empathy we encounter in everyday life from “psychoanalytic empathy,” the fruit of training and experience.

Monica has been in analysis (three sessions per week) for approximately a year and a half. She is 34 years old, married without children, and works in an office.

She is very ‘normal’, sensible and unhappy.

She comes across as a genteel reliable person, but says she is pervaded by a sense of angry impotence, which goes back to her childhood. At times she connects it with pale, fragmentary insights which come and go with no certainty and with a vague sensation of a lack of authenticity in her personal and family relationships.

Her father was in his time a public figure, very concerned for his social image.

Her mother was also involved in this external representation, which extended to family life because of the need to confirm an ideal model of emotional harmony both within and outside the home.

Some of her memories, in fact, made me think with some sadness of the glossy family atmosphere described in the Robert Zemeckis film *Far From Heaven* (2003). Now her

parents have both retired and live in a different city.

She has an elder sister who left home early on and does not seem to have close relations with the rest of the family, especially since she got married and had a child.

In analysis, Monica is ‘well-behaved’, i.e. she makes an effort to present a smiling face when she arrives, and is careful not to create particularly conflictual situations with me, devoting many sessions to describing her relational difficulties outside analysis. My attempts to set up a connection between events which are internal and external to the analytic relationship are received by her with polite interest, like everything else I say. For the moment it is difficult to tell for certain what she really feels and what she does not. In fact, I get the impression that most of these exchanges take place on an ego-to-ego level (Bolognini, 2002) with a tendency toward logical reasoning and little experiential contact at the level of the self.

For example, sometimes when she enters smiling delightfully and offers a kind of pre-packaged a-conflictual atmosphere, I feel I am being subtly sucked into an internal and external attitude similar to hers; as if I too were being silently summoned to take my place in the ‘glossy’ family circle portrayed in Zemeckis’ film (which luckily comes to mind).

Indeed, I feel that in most of the sessions my inner stance is an interlocutory one; it is as if I had not yet really found her emotional centre of gravity, as if I myself had still not fully plumbed the experience of this analysis. I wait, I listen to her with a certain degree of interest, following the thread of her associations. Sometimes, I get rather bored; at other times, I feel more involved, but the overall impression is still of a long lead-in, like the “approach march” of climbers to reach the foot of the mountain they have set their sights to climb.

## **THE SESSION**

Monica arrives for a mid-week session in an unusually agitated state.

It is just before a brief break in analysis of a few days, of which she has been given notice in good time and for which she does not know the reason (I have to go to a conference). This interruption in analysis does not appear to bother her.

While on her way to the session, she met a man in the street who seemed to her to be Dr D., an acquaintance of her husband’s with whom they had been to dinner a couple of times in recent months, in a congenial atmosphere.

They greeted each other cordially and stopped to chat. To her surprise, from close up she realised that he was not Dr D. but someone who looked amazingly like him, almost his double.

On the spot, Monica was gripped by a sensation of paralysing panic; she was unable to say a word. In the meantime, having exchanged greetings with her and shown

spontaneous cordiality towards her, the man's face did not take on a puzzled look (as if to say: "there must be some mistake...") as would have been appropriate. He just continued with politely generic remarks.

It then became clear to Monica that he thought he must have met her somewhere, but could not for the life of him place her. Feeling guilty about it, he was playing for time with conversational platitudes, hoping and praying to recall who on earth she was.

Needless to say, at this point in her story, I am greatly interested in this strange situation from an analytic viewpoint, but more generally I also feel rather involved because at a human level the situation itself becomes increasingly strange and distressing, so much so that I start 'to feel bad for her', as the expression goes.

What comes to mind is a novel by the Spanish writer Javier Marias (*Manana en la batalla piensa en mi*, 1994), in which a man who has been separated from his young wife for a year, having lost all track of her, picks up a prostitute who is identical to her. Unable to tell whether or not it is really her, he engages in a strategic dialogue, concealing his interest, to discover the truth about the real identity of his interlocutor, who in turn is darkly reticent. I will come back to this intriguing association later.

Monica (still shaken by events): "Deeply embarrassed, I realised that this man felt guilty about not recognising me, on the assumption that we had met somewhere before, and so he felt obliged to be friendly, keeping to general remarks and ending up by asking after people's health, as one generally does in such situations. He asked somewhat cautiously, making sure he kept it very vague as to whose health exactly he was asking after, it being obvious that he thought I might have a husband and children or that I could be single. He thought he just could not remember. I was aware of the misunderstanding but didn't have the courage to admit it because of how stupid I would look if I owned up to the mistake. So, when conversation flagged, I in turn asked after his health. And he replied, very briefly but in general terms. At that point, I got the impression that a vague doubt was beginning to flicker through his mind, too. The one thing I was sure about was that neither of us seemed to be able to afford to say in all frankness: "Sorry, I don't know you from Adam!" and admit their mistake.

Listening to Monica, my mind moves in two completely different directions right from the start.

On the one hand, I identify with Monica's subjective ego-syntonic experience and it is like living a nightmare if to the sense of 'social' embarrassment one adds the feeling of imprisonment and the powerlessness to act in a usefully liberating manner. Side by side with this (to some extent in constant alternation with it), I cannot help but perceive in another part of me an attempt to distance myself from this identification with her.

I find myself thinking that the situation is totally bizarre, as if I wanted to minimise it or make it less real. I actually remind myself that after all it happened to her and not

to me. So much so that I experience on the one hand a strong temptation to distance myself even further by releasing the tension with a burst of internal sado-masochistic laughter. (This is rather like what happens when we see a bittersweet comedy in which the hero or anti-hero is dogged by paradoxical persecutory misfortunes and our implicit realisation that they happen to him and not to us enables us to relieve our anxiety with a hearty guffaw.)

At the same time, on the other hand, the feeling of pain and embarrassment persists since I continue to put myself in her shoes.

And yet, little by little my mind finds a clearing; there is a potential space where a rather dreamlike, timeless scene can take place: two people who think they know each other gradually realise they are perfect strangers, but are compelled to be formally polite and familiar to each other when realistically they should admit to their mistake. To make matters worse, the subsequent awareness is a source of almost insurmountable anxiety and resistance, and the desire to free themselves from the dilemma is frustrated by the compulsion to maintain an ideal facade of respectable relational 'normality'.

Monica's tale has a fitting end: with no mention of the misunderstanding, the two characters tacitly stage a painless leave-taking, reciting irreproachable expressions of mutual well-wishing in an air of false cordiality, while actually in a cold sweat for the perceived but unexpressed poor figure they cut, both seeking to get away from the physical scene of the encounter as quickly as possible.

A silence follows the end of her tale. Monica appears exhausted, having re-lived her embarrassing experience in the re-telling.

My thoughts at this point were: "there is a danger that we two, here in the sessions, could end up imitating them" ; and then: "it's just like Monica and her parents, with their false facades, unable to bear anything that didn't fit in perfectly"; and later: "this is exactly what happens to Monica every time she is forced to relate to someone in a significant way and with some form of dependency; she bottles up her anger and hostility, which she cannot feel or express, behind a charming smile instead of a ferocious, but genuine, growl."

My next thought brings me a sense of greater freedom and relief, gaining access to the psychoanalytic garden of the preconscious which borders on a timeless, dreamlike space, peopled with faceless figures. "Monica's internal object, seemingly so friendly and approachable but in fact so ambiguous and alien, was incarnated only a hundred yards from here; perhaps it is approaching even now. I feel that if I offer my interpretation now in terms of a shift in the session, Monica will certainly understand and agree with it on an intellectual level and we can again remain psycho-socially perfect strangers. But if I wait just a little longer, perhaps the true significance of this internal scene will make itself felt."

I am generally careful to regulate the patient's anxiety to a level which is tolerable, providing containing interpretations, if needed.

Now that Monica has evacuated, at least partially, some traumatic elements through her narration, I feel there is a little room for thought.

While I bide my time, reflecting on our previous sessions with the occasional qualm (did I perhaps try for ‘forced empathism’ by socialising unrealistically like the Dr D. look-alike?), Monica comes out with something which seems to open up a working space.

Monica (now less agitated, but sadder): “More than the fact that I mistook that fellow for Dr D., what really strikes me is that I wasn’t able to tell him I had made a mistake. Why not? What was I afraid of?”

I know, at least in part, what she was afraid of, since I felt this ‘something’ almost violently myself as I identified alternately and partially with her while she told her story. But I do not want to be the one to say it to her, because by delegating her feeling and recognition of those sensations to me, Monica tends to deprive herself of them, evacuating them in me. She also deprives herself of a mental function (feeling and recognising) of which I believe she is potentially capable.

On the other hand, her last statement shows me that she is beginning to focus on an emerging problem active in her preconscious.

There is a moment’s silence between us. I feel no need to break the silence because I know that Monica does not experience it as hostile and distant. The patient knows that I listen to her and reflect on what she says. She knows I am giving her time to think.

Something is moving within; Monica is ‘working’, and I bide my time. By now, I am able to feel and represent things with sufficient clarity and I can stand this waiting and her conflictual re-introjection.

I decide to help her by providing assistance with the question she asked herself.

Analyst: “Now, what would you be afraid of?”

I use the conditional tense to convey an idea of vagueness and provide an unrestricted space for her search.

By putting the question thus, I make sure Monica does not think that I have a precise answer in mind, but that I am concerned to hear what she thinks.

This is important: my question should open up a space, rather than making her feel as if she were under police interrogation.

Monica (swallowing hard and sighing): “I was afraid of looking stupid. In that situation, there were two people who would cut a really poor figure, myself and the man. It was unbearable.”

Analyst (beginning to feel a little less weighed down by an inner burden): “Well,...it seems like you’re beginning to bear it...”

Shortly afterwards the session ended with a feeling that a difficult task had been accomplished, a feeling not so different from the labour of childbirth. We part with the

impression of having worked well, but it seems to me that there is still much to understand about the bizarre episode the patient reported in this session.

## REFLECTIONS AFTER THE SESSION

The clinical vignette I have reported gives rise to many different observations and the choice of which to include, as well as being highly subjective, will aim at showing points of interest for the topic in question.

One aspect I wish to dwell on is the very sensitive and accurate perception, which Monica clearly developed after only a few seconds, toward the inner stance of the pseudo-Dr D.; an attitude which changed in the course of the encounter and which Monica recognised and described with laboured precision because, though initially different from hers and resulting from a different logical reasoning, it later becomes identical to her own.

It seems that Monica had keenly empathised *malgré soi* with her interlocutor's inability to admit his mistake.

Of course, here empathising must be distinguished from sympathising; it is more a question of recognising, albeit with some suffering. Monica, at that moment, feels no sympathy towards the pseudo-Dr D., or rather towards 'that person faced with those difficulties', the same difficulties as hers, given that Monica as yet feels no sympathy towards 'her own self faced with those difficulties'. (Her ego and her internal objects do not seem to be ready yet, in the initial stages of this analysis, to come to the aid of the self in difficulty.)

Empathising therefore in this specific situation means a partial or sectorial sharing of the internal experience of the other, by feeling and managing to represent it. In this case, there is no 'good-naturedness', no disinterested protectiveness, no sweet atmosphere of noble sentiments; there is only confounded embarrassment due precisely to a confounded perception of the wretched and disagreeable things both were experiencing toward the other and toward themselves.

There is a 'poor figure' which Monica cannot yet 'bear' to cut, within herself and with me.

It probably has something to do with the underlying feeling that there is a lack of authenticity in our 'taking an interest in her psychological health'. As I mentioned earlier, Monica always arrives for sessions with a pleasant smile and manner and seeks to retain them throughout. Because of this, she could be forgiven for thinking that, in actual fact, I 'don't know her'. And she does not know me, or rather how I would be to her emotionally if I really knew her. Many adolescents, for example, are aware that much of their lives is unknown to their parents, in particular their sex lives: 'secret secretions' (Mantovani, 1998).

Would I bear the shared 'poor figure' with her, if I recognised her and found the strength to talk about it frankly? How do I make out in my internal relationship with my ideal of the ego? What kind of partner would I be in an analytic episode as

embarrassing and detrimental for my image, for her, for us?

So, Monica has empathised despite herself, in a limited and sectorial way with the pseudo-Dr D.'s experience. And, from a certain moment on, she perceived that he too, likewise despite himself, was on the same perceptive, and presumably representative wave-length as her in this distressing experience. I believe that this is a remarkable and curious instance of a rather complex form of empathy, since it is based on a perception of the other person's internal organisation and some internal movements. Yet it cannot be defined as an experience of true psychoanalytic empathy.

Let us go back for a moment to Monica's words at the end of her captivating narrative, the words which gave rise to these reflections. Her statement is like a crossroads where two roads part, the path of natural empathy and that of psychoanalytic empathy.

*"More than the fact that I mistook that fellow for Dr D., what really strikes me is that I wasn't able to tell him I had made a mistake. Why not? What was I afraid of?"*

From the patient's words, we managed to reconstruct which of the things that she could fear was nearest to her consciousness; the one she had evacuated in me, partially but not completely. So doing, she had kept one function for herself, one that was communicative and not merely expulsive.

We also saw that a deliberate silence, a kind of 'pause for breath' on the analyst's part, was enough to bring some elements to consciousness, since the analyst had experienced and represented within himself the conflictual area at stake.

The patient regards the first part of her statement (*More than the fact that I mistook that fellow for Dr D.*) as an uninteresting hypothesis which can be readily discarded and passed over. The analyst, however, finds it has an unmistakable edge to it; though it lacks the classic linguistic marker of the negative, there is no mistaking a defence mechanism.

Thus, we have before us a denial, giving us the first possible representation of a content with which the patient's mental apparatus is unable to cope for the moment, but which is fleetingly signalled, only to be immediately undervalued, disinvested and abandoned.

In such cases, the analyst is like a bloodhound: armed with his previous direct experience as analysand, he 'sniffs out' the denial even before the application of an intellectual methodology, such as a language expert would use to draw the same conclusions. And this enables the analyst metaphorically to open a window in the mind, a particular 'file' which allows him to probe (rather than identify with) another, deeper area of the patient.

In this case, for example, it could be described like this: "I am terrified by the thought that I was unable to distinguish someone I know from someone I don't. The thought that I distorted that fellow's face to see in it Dr D.'s fills me with fear of myself as having a psychic malfunction, as a 'psychiatric case'. And why on earth should I have had this deep-seated wish or need to meet Dr D.? With whom is this Dr D. associated

in my fantasies? I'd rather not think about it, or about myself in an extreme state of regression, confusion, need and desire. All in all, it's better to think about the 'poor figure' I would have cut, even though it also gives me the shudders for other reasons.

Besides, I'm also frightened by the mere idea that I could unwittingly have exposed the problem of falsity which I would re-encounter 'in any street' of my life, by repetition; even here, with you. More than being afraid of cutting a poor figure, I'm afraid of realising that I do not really recognise myself, my family or even you (perhaps because I don't really know them)."

I think this is a profound unconscious psychic content. However, now is not the right moment for an interpretation because the patient would only consider it weird. I mention it here because it came to mind due to her perceptible negation.

In the course of my exploration of empathic situations, I have come to the conclusion that psychoanalytic empathy is something different, more profound and more complex than the natural empathy of which people with well-balanced sensitivity are generally capable (Bolognini, 2004).

A sufficiently skilled analyst has the ability – on certain fleeting and unpredictable occasions – to identify with the patient's subjective experience and complex internal organization. This, however, differs from that of the layman in that it involves a broader spectrum, including for example the perception of the patient's defensive ego, its activity and force.

What is it that Monica does not want to feel or think right now? And why? How vigorously does she unwittingly oppose deeper contact with herself? Undoubtedly, the analyst possesses a theoretical conception of such problems, but I have come to the conclusion that it serves *a posteriori* above all to formalize his choice of technique.

Instead, what happens in the first place is that the analyst "savours" the experience of the other (and his contact with the other's experience). He perceives and evaluates its proportions and dynamic implications by means of a form of identification which involves the analyst's self – the setting and object of his overall subjective experience. This all takes place well before the intellectual, rational interpretation by the noetic functions of the ego.

To put it another way: what distinguishes the analyst's way of functioning from that of a psychologist, or a philosopher or a theoretical linguist is not so much their reference

to different cultural disciplines, as familiarity with the preconscious and identificatory contact with the psycho-sensorial experience of the self (Bolognini, 2003).

The analyst recalls and associates; he sniffs out and savours. He identifies partially or temporarily at the conscious and preconscious level. He does these things because he is accustomed to doing them, because he was trained to do so in the course of his own analysis, and because someone else during his period of training made him perceive a way of using these functions creatively by working directly on him.

Part of this psychic work, however, could be carried out instinctively even by sufficiently healthy people who during their upbringing were lucky enough to have a relationships with an emotionally competent parent or setting.

What is specific to the analyst then is his ability to maintain a field of perceptions and representations which is broader, more complex and more mobile.

The analyst, in fact, possesses a certain aptitude for suspension.

He suspends judgement, while waiting for new developments; he suspends his evaluation of the clinical work, and he may even suspend representational activity (Racalbuto, 1994; Giaconia, Pellizzari, Rossi, 1997) in order to facilitate a more spontaneous and dynamic flow of associations after temporarily abstaining. This is one of the possible interpretations of Bion's (1970) celebrated phrase "without memory and without desire".

Furthermore, the experienced analyst is ready to make mental room for the emergence of new configurations, linked to a greater or less extent to previous ones. An incongruous detail or a split-off element may find hospitality in a "suspended" secondary framework, before being integrated or reconnected with the rest of the context. And it is rare to find a lay person who can stand this suspended state for more than a few moments, or who is willing to do so.

Just think of the haste with which, during a normal conversation, people generally hurry to give their own opinions or advice to those who are making a considerable effort to talk about their doubts and problems, or explain a complicated personal affair or a conflictual internal experience.

Because of the first-hand experience gained in psychoanalytic training, and not just by

reading about it in books, the analyst is on average less afraid of approaching the intermediate intra- and interpsychic areas of others without the reassuring expectation of immediately swamping them with stopgap contents.

In addition, through practice and training, he takes care to ensure that certain areas of the professional Self are not entirely pervaded by the experience of the other, however intense it might be. In this he is aided not only by his own complex theoretical framework, but also by his habit of protecting an internal area devoted to the natural and preconscious consultation with the masters of psychoanalytic thought and his own colleagues.

In other words, he can count on the help of those who by means of genuine introjection (and not merely by incorporation) have become an essential part of his internal world.

This by no means guarantees complete protection from countertransference and “emotional contagion” (Bonino S., Lo Coco A., Tani F., 1998), as each one of us knows to his cost. Nor do I intend here to sing the praises of psychoanalysts in an uncritical and idealizing manner. We all know only too well that hardly a day passes without our being reminded in our clinical work of our technical and psychological limitations.

Nevertheless, I am reasonably certain that Monica would have been unlikely to find sufficient patience, willingness to listen, room to maneuver, resonance, comprehension and maieutic techniques outside the confines of our consulting rooms. Otherwise, her interlocutor might be well-versed in the theory, but untrained as regards preconscious contact with the self, or, on the other hand, sensitive and responsive, but not methodically trained for suspension and complexity.

At this point, let us return to Monica and the session.

There is another fundamental clinical element which emerges from the material, by which I mean not only Monica’s narrative but also the analyst’s shared experience while listening, an experience recognised, thought out and integrated only with difficulty, as it took place.

That element is a countertransference detail: my last bastion of defence, my thought: “well, in the end, this distressing incident *happened to her and not to me!*”

I do not frequently resort to a device of this nature to neutralise my discomfort in identification, my shared anxiety. I have good reason to think that in this specific situation, there was unconscious defensive contagion, something similar to what Anna Freud (1937) called 'defence transference'. Indeed, projective rejection, i.e. ridding oneself of a painful experience by attributing it exclusively to the other, might at first sight appear a realistic choice in this case.

The pseudo-Dr D. bumped into Monica, not me, and the two of them created the scenario described.

But it is also true that, on a psychological - rather than a logical - experiential level, the episode also happened to me as I identified with Monica. My attempt to defend myself from the discomfort I felt when I identified with her could depend on the specific aspects of Monica's defences, a possible object of unconscious identification on my part.

The classic expressions are: "I don't know what you're talking about", "It's got nothing to do with me", "It's none of my business" etc. They are used to assert one's total and absolute extraneousness with respect to an unacceptable situation. We sometimes hear people say: "he dissociates himself from it," when describing the extent of someone's involvement or rather non-involvement with an object or a situation. Without being aware of it, one can also dissociate oneself from one's own feelings, perceptions, thoughts and memories, from vast parts of oneself, remaining awake and vertically split in one's ego. At times, 'the left hand knows not what the right hand does,' as the expression goes. At other times, it knows but this does not necessarily mean that it can feel and move in an integrated manner with the other hand; incomplete dissociation exists when there is splitting.

I remember the way a patient of mine described sexual intercourse with the husband she hated. She said that she "left her carcass at his disposal," and observed the scene without emotion in an alienated way from the outside as if 'she' were 2 or 3 yards away from 'them'.

Run away fast, distance oneself physically, escape, 'dissociate oneself from': Monica has perhaps exposed me – and this is my thought on quiet reflection after turning the events over in my mind – to the trial of internal splitting. It is the same thing that she herself, terrified, shared with the stranger, when she unwittingly transformed the intrapsychic into the interpersonal with the pseudo-Dr D. (as happens when the unconscious overflows from the individual psyche and becomes shared), and then back to my intrapsychic in the session. These events, which are not usually located at the conscious and/or preconscious level, cannot be fully understood immediately.

In my view of empathy, sharing by no means corresponds to empathy, but is only a potential precursor (Bolognini, 2002). A great deal of countertransference work (Di Benedetto, 1998) still remains to be done before sharing (which may be a traumatic event, not integrated by representation and working through) can lead to an authentic empathic comprehension.

Sharing, or the summons to take part in the interpersonal extension of an intrapsychic

scenario, very often has more to do with repetition than with empathy.

Clearly, most of my reflections concern the intra-psychic disposition of Monica's ego, superego and ego ideal toward her self.

But there are other elements in the analytic field of the session I reported that enable us to consider a further possible development in this analysis.

The analyst's association with Javier Marias' novel opens up various scenarios.

For example, the subject of sexuality came to mind through the prostitute in the novel.

Might not Monica's great concern for the poor figure she cut have something to do with the fact that, though she thought she recognized in the pseudo-Dr D. a socially impeccable interlocutor, she actually stopped a strange man in the street?

What parts of the transference, or what fantasies are prefigured in this aspect which was hardly touched upon in our subsequent exploration? And what is the connection between this episode and separation? Perhaps the pre-announced separation (the absence of the analyst) might have something to do with the patient's failure to recognize the object? Might it not be linked to a possible defensive attempt to disinvest the object itself? And the missing wife in the novel, which also came to mind, may perhaps be obscurely linked to the patient's sister, who left home early for reasons connected with love and sex.

Thus, my intuition is that sexuality and separation, love and genuine mutual recognition appear to be closely tied in Monica's internal world. All this will probably prove useful in the future.

For the moment, this is as far as I will go in the analysis of this session with Monica, not wishing to claim to be able to see more than is really there. Let us give the analysis time to unfold and develop Monica's transference in all its rich complexity, which is far greater than the matters discussed here.

I have chosen to focus on certain specific elements, since my interest is to highlight some fundamental points which I shall briefly summarize:

- empathy is a complex state which is not limited to concordance with the patient's conscious ego-syntonic experience (the hypothesis of gross "simplifiers"), nor with a

specific conscious or unconscious part privileged by a particular theory (such as Kohut's "wounded narcissistic self"). On the contrary, it requires space and suspension for an elaborate identification with the various areas and internal levels of the patient.

- empathy cannot be planned because it comes about through occasional, undeterminable openings of the preconscious channels of the analyst, the patient or both.

- 4) the analyst's training gives him on average an advantage over most other people in being able to create the intra- and interpsychic conditions suitable for the development of empathic situations with greater ease and in a more elaborate way.
- 5) Empathy has nothing to do with kind-heartedness or sympathy, because it may come about through a type of identification which in itself is not particularly flattering or gratifying, made possible sometimes by the specific resonance with corresponding "undesirable" areas in the psychoanalyst or his negative feelings.
- 6) Psychoanalytic empathy includes the possibility to accede over time and through the working through of the countertransference to the reintegration of split-off components, whose existence is not only hypothesized – in the manner of engineers around a drawing board - but experienced and recognized by the fully aware analyst.
- 7) If the conscious is the natural seat of the organization and formalization of experience "in the light of the ego", the preconscious is the place for the exploration of the experience of one's own self and that of others.

To my thinking, in this activity analysts may be compared to skin divers who, equipped only with natural instruments, are able to explore the marine environment to a depth of a few meters.

This possibility is rather modest compared to the abysses that open up below them. However, it is invaluablely precious when contrasted with the vain efforts made by many of our patients who have never been able to set foot in the water.