Empathy As Defense In Couples Therapy: When A Connecting Mechanism Is Used To Disconnect[1]

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Psychoanalysts have traditionally referred to empathy as a positive process and have overlooked its use as a defense in the interpersonal world of the couple. While witnessing this dichotomy and exploring research in the field, we have discovered that the use of empathy as a defense between intimate partners has been widely neglected. It is the authors' contention that this defensive form of empathy could provide the therapist with a window into the defensive, and potentially distancing structure co-created by the couple. The authors discuss research findings that point to the associations between mother/infant attachment styles and early family dynamics, to the misuse of empathy in adult relationships. Case examples demonstrate how to identify and work effectively with couples who present this use of empathy, a connecting mechanism, as a way to prevent connecting.

Introduction

Empathy is an important and necessary capacity for the development of a meaningful relationship. It is particularly important for couples because the ability of each partner to understand the subtle and complex feelings of the other partner is necessary for the development of an intimate, emotional bond that allows both to feel truly acknowledged and understood.

Greenson (1960) describes empathy as "emotional knowing" or "a very special mode of perceiving" (p. 418). According to Greenson, empathy is preconscious while sympathy is conscious, containing elements of agreement, condolence, and/or pity. Sympathy is a way of relating to others but not to the depth that empathy can foster.

Empathy can appear similar to intuition but it has deeper attachment qualities. Differentiating empathy from intuition, Greenson determined that

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"Empathy is a function of the experiencing ego whereas intuition comes from the analyzing ego" (p. 423). In essence, "Empathy is to affects and impulses what intuition is to thinking" (p. 423). While intuition is enhanced by the cues gathered by empathy, those who are empathic are not necessarily intuitive.

Buchheimer (1963), considers projection an empathic response: "Those who are occasionally empathic seem to respond only to similar situations. They . . . project and over-identify. However, those who are consistently empathic . . . go beyond similarity of experience . . . [and] are freer of psychological mechanisms of projection and identification" (p. 66). Ultimately, according to Buchheimer, empathy is a

> process comprising several dimensions. Behavior on these dimensions leads to a consistency of interaction between people. This interaction becomes increasingly convergent or confluent. The dimensions are in part affective and in part cognitive. The behavior is different from projection, attribution, or identification because it is more abstract, objective and generalized. An empathic reaction is not the reenactment of another person's feeling nor does it involve a judgment of another person's act. Empathy has an anticipatory quality. Though affective in part, empathy is an abstract and abstracting process (p. 64).

Shapiro (1974) explores the dynamic structure of empathy. As cited in Ferreira (1961), who describes empathy as "a bridge function of the ego, analogous to an umbilical cord" (p. 10). Shapiro notes as well reports that since

> projection and identification emerge out of the same global infantile matrix, any defensive regression in ego state may elicit a mixed deployment of early forms of identification and projection. Thus both identification and projection, or some intermediate stage where both are combined, may be instituted as a regressive mechanism in order to avoid castration anxiety, as well as separation anxiety and helplessness (p. 12).

This led us to think about Shapiro's question: Could empathy "be an unconscious act of hostility?" (p. 5). In his work, he has found that the interactional use of projection in the guise of empathic understanding can be experienced as egocentric and used defensively to ward off guilt.

Projection, an unconscious phenomenon, has been closely examined by

Simon Clarke (2001). His study of Klein underscores the significance of projective identification as a process which informs the psychoanalyst of internal emotional states in the patient. According to Clarke, psychoanalysts value the use of projective identification, utilizing this primitive defense by transforming it into the sophisticated mechanism of empathy. They have neglected to extend the value of this concept by assisting patients and particularly couples to do the same.

Symington and Symington (1996) report that "depending on the level or degree of aggression in the projective identification, what happens as a result of this defense can range from an attack resulting in destructiveness at one end of the spectrum, to a form of understanding at the other. Thus, projective identification can be just as constructive as destructive" (p. 21). Ogden (1990) finds that "under 'optimal' conditions the recipient of the projection can reprocess the feeling evoked and then return it to the projector in a more manageable form, a communicative form" (p. 21). Clarke also points to Bott-Spillius (1988) who says that " . . . a way of seeing is 'thinking' in terms of an emotional experience. In other words, one can learn about one's self and others through projective identification" (p. 22). Hinshelwood (1992) claims:

> If projective identification varies from expulsion to communication, then at the very furthest point on the benign end of the scale is a form of projective identification underlying empathy, of "putting oneself in another's shoes" . . . In this case the violence of the primitive forms have been so attenuated that it has been brought under the control of the impulses of love and concern (p. 133).

Empathy As Defense

Despite all the benefits of this sophisticated emotion, we have witnessed some occasions where empathy has been used as a defense, a defense against intimacy. Empathy can disguise a person's split-off state from his or her core self. "Psychoanalytic literature has neglected the patient's use of empathy as a defense, thereby omitting a source of data which might illuminate its meanings and variations." (Shapiro, p. 4). In line with our findings, Greenson (1960) discovered that "One resorts to empathy when more sophisticated means of contact fail and when one seeks to regain contact with a lost object" (p. 423). Solomon (1997) writes,

> The term empathy is often used as a synonym for caring and sympathetic listening, but empathy is not limited to positive regard (Kohut, 1984). Empathic understanding of another can be used to humiliate or destroy that person, because empathy confers the ability to "read" underlying affects and utilize awareness of the other's experience (p. 24).

We have observed a trend in the initial phase of couple therapy, in which one of the partners uses empathy as a defense against the underlying fear of potential abandonment. Empathy is used as a way of maintaining primitive attachment needs that transcend the couple's relationship. The empathizing partner is desperate to connect and will suborn or sacrifice his or her own needs to do so. What seems to be a mature desire to connect with and help the partner is really a more primal desire to fuse.

Greenson notes Rapaport's (1951) idea of hallucinatory wish fulfillment by cathected memory traces of lost need-satisfying objects. For the empathizer, the understood other symbolizes a lost, need-fulfilling love object. "Empathy . . . is an attempt at restitution for the lost . . . contact and communication" (p. 423). In line with this formulation, Greenson speculates that "people with a tendency to depression make the best empathizers" (p. 423). We add the observation that depression is an important element in empathy as a defensive phenomenon. The member of the couple utilizing this defense has experienced or is experiencing depression. We have observed that depression tends to cover or sublimate anger or rage. The partner does not feel safe enough to directly ask for connection, so "swallows" these desires. He or she finds a passive and, on the surface, more effective way to connect, using empathy, but the repressed anger and resentment become manifest in depression.

Another characteristic of empathy as defense is ambivalent/anxious attachment. The research paper of Mikulincer, Gillath, Halevy, Avihou, Avidan and Eshkoli (2001) indicates this by its title: "Attachment theory and reactions to others' needs: Evidence that activation of the sense of attachment security promotes empathic responses." This uses Bowlby's 1969 and 1973 attachment theory. It validates Bowlby's framework, which in turn confirms the relevance of attachment style to the capacity for empathy. This 2001 study further explores the distinction between empathy as an altruistic other-oriented response and empathy as an egoistic self-focused response. It confirms the hypothesis that anxiously-attached people show an empathic response that is egoistic and self focused; they use empathy to reduce their

own distress. The more securely-attached individual demonstrates an altruistic, other-oriented empathic response.

As cited by Milkulincer, Gillath, Halevy, Avihou, Avidan and Eshkoli, Aron & Aron (1986) suggest that the anxiously-attached individual "may reflect an egoistical, self-focused response rather than an other-oriented reaction. Therefore, the support people offer to a relationship partner may result from the need to protect a part of the self" (p. 6). This study revealed that the higher the attachment-anxiety scores, the stronger the personal distress ratings. Brennan, Clark & Shaver (1998) describe "attachment anxiety as a negative model of the self and a tendency to worry about rejection and abandonment" (p. 4).

Congruent findings of Mikulincer & Florian (2001) question why people "scoring high on attachment anxiety show . . . an inhibition of empathic reaction despite their attentional focus on the suffering of others" (p. 42). It is their view that "their lack of self-other differentiation may prevent altruistic empathic responses" (p. 42). Batson (1991) claims that "the arousal of empathic response demands self-other distinctiveness" (p. 42). Otherwise, the empathy is more narcissistic or fusion-based.

Simpson, Ickes and Grich (1999) found that patients, based on their tendency toward low self-esteem and distrust, due to an early history of insecure attachments tend to be hypervigilant and *empathically attuned to their partners as a means of self-protection* (italics ours). This study explored "how one specific psychological process–greater empathic accuracy about the thoughts and feelings harbored by a romantic partner–is associated with both personal and relational distress" (p. 755). Although greater empathic accuracy tends to be positively correlated with relationship satisfaction and stability in situations that pose little or no threat to the relationship (Kahn, 1970; Noller 1980; Noller & Ruzzne, 1991), it tends to be negatively correlated with satisfaction and stability in relationship-threatening situations. This is particularly true with an insecure/anxious ambivalent-attached partner. The researchers concluded that on a consistent basis, greater empathic accuracy prevailed in subjects with a history of insecure attachments resulting in a significant number of relationships dissolving (Sillars, Pike, Jones & Murphy, 1984; Simpson, Ickes & Blackstone, 1995). This presents as an excellent example of universus bi-directional empathic process.

In our couple matrix, the empathy that initially appears as a way of connecting and relating to the other, is different. The connection appears to hide the underlying feeling of resentment about the need to attach. Our case

vignettes demonstrate that the empathy of a partner can be used as a defense against abandonment and result in self-fulfilling distancing of the other person. This empathy, which is projected, is a distancing mechanism. The couple, then, although appearing to be working together, is actually working at odds with one another. The empathizing partner's worst fears are realized and/or perpetuated. This fear is co-created and collusive. For example, the therapist may ask one member of the couple a question. As that person begins to respond, the other interrupts in mid-sentence to supply the answer. The answer is most often correct and the interrupted partner usually agrees. He or she may even express relief. Shapiro believes that "when another person agrees with the empathizer it leads to a reenforcement of narcissism" (p. 12).

Now, it often appears that the couple are attuned and connected (and they may be). But we have noticed that attunement and connection are not always the case.

Empathy as a defense usually repeats, especially when anxiety dominates in the initial phases of treatment. When this occurs, we observe that the partner who is being interrupted becomes quieter and less responsive as a session progresses. The empathizer is increasingly more anxious and demands that the partner respond and "say something." Now the quieter one talks and the empathizer interrupts. This pattern continues in a downward spiral, and the quieter partner withdraws. The empathic one pushes more emphatically for another response, becomes frustrated at the partner's silence and complains loudly: "This is why we are in therapy." The silent partner remains uncommunicative. "I can't live like this." (Note: Shapiro wonders if this silence is an "unconscious act of hostility." (1974, p. 5).

We have experienced work with similar couples, people who present a dyad with one passive partner who is drawn into the provocative utilization of the empathic defense by the other. Again, the empathic defense is unconscious, for one member of the couple appears connected and open to his or her mate while, in reality, he or she is fearful of exposing him or herself for fear of being abandoned.[1] The individual's way of reducing anxiety is to over-empathize with the other as a defense of his or her own feelings of inadequacy, loss, attachment and/or abandonment. Unfortunately, the result of the anxiety-reducing behavior creates that which is hoped to avoid: the distancing of the other.

We find very little literature regarding the misuse of empathy as a defense in relationships. Shapiro (1974) speculates that this " . . . may be because the analyst has defensively sought to consider empathy, with its altruistic aims as

1 We are not saying the other is incapable of empathy. We are just noting the difference between empathy as such and empathy used as a defense.

his own exclusive tool. In itself, this attitude is unanalytic and inevitably leads to protection of blind spots" (p. 4).

CLINICAL EXAMPLES

The following case vignettes illustrate ways to identify how various couples use empathy as a defense.

Case 1

My (TE) patient Alice (31 years old) was upset that Tom (32 years old) was not talking about potential problems in their relationship. I asked Alice if she could give me an example. Alice said that Tom would not tell her when he's angry about something; he'd just remain quiet. They have been together 3 years and Alice is fully aware that Tom's silence, especially around loaded issues, is his way of avoiding a conversation. Alice noted that when they were with her parents for dinner the other evening, Tom refused to share what was going on in his professional life. She added that Tom is in the middle of changing careers and is studying to take the GRE. By his own admission, Tom is quite taciturn and doesn't feel comfortable talking about his business, especially with his career in such a state of flux.

After Alice shared this information, I turned to Tom and asked him what his thoughts were.

Tom: Yeah, I guess that's about right.
[Silence]
Therapist: Could you say a little more about that?
Tom: Well, I'm not sure how comfortable I am telling other peop . . .
Alice (interrupting): Telling other people what you're doing especially if you're not sure yourself. I understand this is difficult for you, but they are my family. And they truly are interested in what's going on with you.
Th: Tom, how are you experiencing what Alice said?
Tom: She's right.
Th: Any other thoughts?
Tom: No, she summed it up nicely.
[Silence]
Alice: Tom is working very hard to study so he can go to grad school. It's very important to him.
Th: Is that right, Tom?
Tom: Yes, I . . .
Alice: Tom really does work hard. I just see him struggle through the

GRE practice tests. I can relate because I experienced the same anxiety when I was studying for my law boards.
Th: Do you agree with Alice?
Tom: Yeah. It is a bit intimidating. I haven't been in school since . . .
Alice: Since he graduated from college and it's really tough for him. As I said, I know, I've been there.
Th: Anything to add, Tom?
Tom: No, not really.
[Silence]
Alice: See what I mean? It's like talking to myself. Trying to get Tom to say anything is like pulling teeth.

As you can see, the above interaction has a distinct quality. It is clear that Alice can relate to and is empathic with Tom in this situation, but she gives him little or no time to complete his own thoughts. Her ability to literally finish Tom's sentences has made it easy for Tom to bury his thoughts on any matter. It would appear that Alice is attuned to Tom's feelings. Her empathy to Tom's plight is unmistakable. She appears to use empathy to connect to Tom, but is she really connecting? The more she interrupts, the quieter he becomes. All he has to do is speak a few words and Alice is right there to complete the thought. Eventually, he is completely silent and Alice gets upset.

It is our contention that they have joined in an unconscious collusion. Her anticipatory comments seem intended to connect but, in reality, they are shutting Tom down. Why should he complete a thought when Alice is more than ready to finish it for him and be perfectly correct in her understanding? Tom admits he feels uncomfortable telling people his business; he does not like talking about himself. With all her empathic connecting, Alice helps him to hide.

What makes this interaction more complicated is the suspected motivation behind Alice's empathic stance. She appears to be at her most empathic when she's connecting to Tom. But if he is into something that does not involve her, she has a difficult time relating. For instance, later in the session Alice got upset when she spoke of a situation that took place between Tom and a female friend with whom they had attended college. This woman lives in a city where Tom sometimes goes for business. Tom has admitted to Alice that he visits the woman but assures Alice that the relationship is purely platonic. In the session Alice cried because the other woman had confessed to her, during their years in college together, that she had a crush on Tom. Tom

laughed this off and assured Alice nothing was going on between him and the other woman.

As the session progressed, Alice admitted that she was intimidated by this woman and was afraid she'd try to take Tom from her. Again, Tom laughed and said Alice was being ridiculous. It was at this point that Alice's ability and possible need to be overly empathic must have seemed to her to make sense. If she could demonstrate to Tom that she was connected to him, he would not leave her for this (or any other) woman. Unfortunately, the more Alice tried to connect, so to speak, the more Tom shut down and disconnected from her. The more Tom shut down, the more anxious Alice became and the more she attempted to "join" him. Thus began the classic distance/pursuer relationship.

It sounds counterintuitive: the more Alice tries to connect in an apparently empathic way, the more Tom moves away. So what's going on? Her attunement may show more of her own need–the urge to stay connected. We believe that Alice's empathic connection defended her from her own feelings of lack of self-worth (that she was still in competition with this other woman) and may have created the potential for a wish fulfillment: if she could merge empathically with Tom, he would stay with her. Again, Alice's behavior was discouraging to Tom, and pushed him away. This caused Alice to feel resentful. But he could remain silent because she would do the speaking for him.

Alice recalled that she came from a family where the mother was depressed and detached. In fact, Alice herself had recently been diagnosed with premenstrual dysphoric disorder (PMDD) and, after a course of antidepressants and psychotherapy, was coming out of her depression. Her father was very much the martinet, the undisputed head of the household. His ambiguous and conflicting credo, according to Alice, was "Do as I say, not as I do." Coupled with that was the fact that the parents were seen as never wrong. In fact, if any child (she is the middle one of five) challenged the parents, position, he or she was literally ostracized from the rest of the family and sent to his or her room. The only way one could return was to admit one was wrong. So, she was not only abandoned by the family (everyone colluded to protect their own position) but was forced to admit to something that might not have been true.

Tom, on the other hand, was the younger of two children. His sister was adopted but he was not. His father divorced his mother and left home when Tom was six. Tom said it was obvious that he himself was his mother's favorite. Add to this that his mother was handicapped and relied on Tom to take care

of everything around the house, from calling and dealing with repairmen to the family shopping. He also mediated between his "angry" sister and their mother.

Tom spoke of how difficult it was for him when it was time to go to college. His mother did not make it easy. Once she did resign herself to his going away (he purposely chose a school far from home), she told him repeatedly that she couldn't wait until he graduated so he could return and continue his role as "man of the house."

So Tom's role was clearly defined from a very early age. He was to take care of others first, and himself not at all.

Conclusion

Tom and Alice were an ideal pairing where the empathic defense could take root and blossom. Alice's need to connect, and his need to please, created a symbiotic relationship that, at the onset, worked. When she was depressed, he could and would be there for her. Now that she wasn't so needy, she became anxious that he would leave her. Her use of the empathic defense made her feel as though she was connected when, in fact, she was pushing him away. The initial work with this couple focused on her fear of abandonment and his need to take care of others while sacrificing or demeaning his own desires. Eventually, the couple and I decided that Alice would continue her work in her own therapy and I would work with Tom on an individual basis.

Follow up

A year into treatment, Tom (due to time and money constraints) began "modified" analysis (one time per week on the couch). Tom proved an ideal candidate. Six months into his treatment he reported that he and Alice had had an argument. She had told him that, for the first time, she realized their marriage "might not work out." Interestingly, Tom's account of Alice's dire realization belied his affect; he had a lightness in his voice. I noted the dissonance between his words and his feeling. Tom told me that her comment, although serious and depressing, made him feel as if a weight had been lifted off his shoulders. He realized that this was the first time that he felt separate from her. As he described it, the separateness felt freeing. He said he told her that he wanted to work on making the relationship work. It was the first time in the relationship that he could tell her what he wanted without her anticipating him and telling him how he was feeling.

Case II

Robert, age 42, and his wife Beth, age 40, have been married 24 years. They met as teenagers, while working as camp counselors. They came to see me (SK) to grieve over the tragic death of their young son. Thirteen-year-old Steven and a friend, Brian, had been playing "chicken" with cars on a local highway. Steven did not get out of the way in time and was killed instantly.

Robert and Beth began this couple treatment in the third year of their loss. Their daughter, Cindy, had recently turned thirteen. Beth worried that her husband, Robert, was overprotective of Cindy and feared that this caused their daughter to rebel. They also have a 21-year-old son, Dave, who had recently moved away to college. Beth initiated couple treatment when she became fearful of losing Robert. She described Robert as withdrawn and undergoing bouts of depression since Steven's death, three years earlier. Steven's birthday, holidays and the anniversary of his death were especially difficult. She described Robert as a "macho" man distant from even his inner emotions, and feared that he would never fully mourn this significant loss. When questioned about her own mourning, Beth said that, shortly after the accident, she attended a bereavement group with their daughter Cindy. Although the group was of some solace at the time, Beth still suffered from severe depression and was hospitalized following a suicide attempt.

In the first year of couple treatment, Robert came to understand the trouble with his belief that "expressing feelings is a sign of weakness." He connected to his split-off emotions and reconstructed his beliefs about grief.

However, it became evident that Beth had a very difficult time getting in touch with her own feelings, especially about the death of their son. They came to therapy ostensibly to help mourn Steven's absence. Beth, in contrast, emoted on the surface, but she felt "dead inside." Her defense of empathy for Robert was at work, as seen in the following session:

Robert: I was listening to some music the other day and a song came on that reminded me of Steven. (Robert pauses, takes a white hankerchief from his pocket and wipes tears from his eyes.) It was the *Rodeo Suite* by Aaron Copland (sob). I used to play it for Steven while I was making his lunch when he was about 3. He'd (sob) hop around the kitchen like he was riding a horse.
Beth: (looking at Robert, nods.)
Therapist: A beautiful memory. Our memories are important.
Robert: He loved my record collection (continuing to cry openly.)
Beth: (Beth and I silently look at Robert. I lean forward in my chair.)

Robert: I . . . I . . . miss him so much (sobbing).
Beth: (makes eye contact with Robert, and her eyes begin to well up.)
Th: Beth, what are you feeling right now?
[Silence - Robert is crying]
Beth: (softly) I really feel badly for Robert. He and Steven were so close.
Th: Beth, can you say a little about your relationship to Steven?
[Silence – Robert is quietly sobbing into his hands.]
Beth: (turns toward Robert; a tear falls down her cheek) Robert and Steven really had fun together. Robert stayed home and cared for Steven the first three years of his life. I was teaching at the time. Steven was a daredevil. He enjoyed adventure and would seek out stimulation more so than my other children. Robert did not want him to go out, the evening that he died. So Steven came to me for permission and I convinced Robert to let him go because he and his friend were going out with a girl he had a crush on. Robert did not like or trust his friend, Brian, but I convinced Robert to let him go. I feel numb, a huge void now.
Robert: At first I blamed Beth, then myself, because I used to tell him stories of my childhood and how I would play "chicken" on highways.
[Silence. He places his head in his hands and stares at the carpet.]
Steven meant the world to me. I can't stop thinking about how much I miss him. I will never get to see the man Steven would have become. I am so sad that he can't enjoy my work success. I know Steven would have been so proud of me–he loved theater. I would have taken him to rehearsals and brought autographs from other actors home to him. Steven has missed all of this.
[Silence]
Th: (turning to Beth) Beth, where are you?
Beth: (looking directly at th) I feel so badly for Robert. I can only imagine how painful this is for him. (She reaches out and touches Robert's hand. Their hands link on his knee.)

This is a perfect example of empathic attunement, but I wonder if Beth's empathy is a defense against her own deep mourning, keeping her conscious feelings repressed. Beth has worked very hard to make sure Cindy and Robert feel heard and cared for, especially around the death of Steven, but Beth appears unable to express freely her own feelings of loss and sadness. Beth is connected to her grief through her daughter and husband and, in connecting to them, Beth forestalls the experience of her own pain and grief. In essence, Beth joins her family affect and at the same time, disassociates from it within herself.

We contend that this disassociation led to Beth's hospitalization for depression. She had "swallowed" her own unhappiness and despair over Steven's death. (During my work with this couple, it became clear that Beth was very jealous of another woman. Robert complained about her jealousy, and that she was cold and distant. She was appalled, "How can you say that? I am always thinking of you and the children, always putting the family first." Robert looked at Beth and used my words: "Yes. But where are you, Beth?"

Beth seemed stunned and saddened. A look of fear crossed her face and tears streamed down her chin. "I don't know. I don't know who I am, other then for my achievements, or for my role as a wife and mother. I feel lost in a deep, dark abyss."

Beth's Family History

Beth was the second eldest child of seven, and the first daughter. She described her father as a womanizer, who abandoned the family when she was nine years old. Her mother worked two jobs to support the family, often overwhelmed by her responsibilities. She had angry outbursts and in the heat of emotion, she would lock herself in her room for three days at a time. Beth believed that her mother did this to avoid hitting her children.

Beth recalled that at these times, she was the caretaker of her younger siblings. "I was always trying to be the good child and to reduce my mother's stress." She recalled early memories of standing for hours outside of her mother's bedroom door, knocking and begging her mother to come out. She felt terrified and abandoned, too afraid to cry, concerned over further burdening her overwhelmed mother. The only time she recalled receiving special attention was when she was sick, as she had asthma as a child. Now she often comes in with somatic symptoms, complaining of back pain and migraines.

Robert's Family History

Robert is the younger of two children, and has an older sister who is a police officer. His parents have been married for more than 50 years. His mother is a social worker and his father a retired business executive. Robert describes his father as critical, demanding and both emotionally and physically abusive. Robert has many childhood memories of his standing between his father and mother during arguments in an attempt to protect his mother. This often resulted in Robert being the focus of his father's anger. He was taught to "keep a stiff upper lip and never cry."

The empathic defense demonstrated by Beth was utilized as a means to connect to her withdrawn husband following the loss of their son. His withdrawal, at a time when she needed him most, uncovered memories of the early loss of her father, and later her son, creating an anxious attachment to an over-

stressed mother, who, during time of extreme stress, would withdraw (like Robert) behind her locked door for days at a time.

For Beth, empathy was her only means of connecting to her mother. During early childhood, Beth then became a parentified child. She lost contact with her own needs as her feelings would be too overwhelming to tolerate. What initially appeared to be Beth's empathy for her husband's inability to grieve became her own defense as well. This empathic defense disguised her own inability to mourn and her unconscious hope to vicariously grieve the death of her son through her husband's mourning. What follows is a snapshot (six months later) of a section of a session with Beth and Robert where Beth, for the first time, connects to her own dissociated feelings.

Robert was upset. Cindy, their daughter, did not want to go with them to visit the gravesite on the anniversary of Steven's 16th birthday. Beth convinced Robert not to force Cindy to go as she had just turned 13–Steven's age when he died. (They also discussed their differences about Cindy's therapist, who felt that Cindy should not be made to go if she did not want to.)

Beth: Why is it so important to you that Cindy come along. It may be nice just for the two of us to go alone this year.
Robert: (eyes teared up) I am so afraid that Steven will be forgotten.
(Beth closes her eyes and takes a deep breath. I look toward Beth. She opens her eyes and looks directly at me. It seems as if she wants to say something.)
Th: Yes, Beth...
Beth: (stutters) I don't know, I don't know how to express what I am feeling. I can't find words.
Th: That's all right. Sometimes words are not important. Just stay with your feelings.
(Silence. A few minutes pass.)
Beth: My God, oh my God! (sobbing); The intensity of her pain fills the room, her facial expression full of fear, then horror, then excruciating pain.)
Robert: (stands up and looks as if he wants to rescue Beth from her pain) Beth, it's all right.
Th: (I give him a look and motion for him to pause. I complete his sentence.) Yes, Beth, it is all right to feel–to have all of your emotions. (Beth continues to sob as if floodgates have been opened.
Robert walks over to Beth, not to stop her but to comfort her. He holds Beth and she clings to him).
Beth: Steven is gone. I will never hold him again, my baby. I go over it again and again, hoping that I can go back and stop it from happening, but

I can't. Steven's dead. He's gone.
(Both Beth and Robert sob in each others' arms and mourn the loss of their child together for the first time.)

As this case demonstrates Beth's anxious/ambivalent attachment style is an example of the misuse of empathy. Beth's difficulty in trusting resulted in clingy behavior and jealousy caused by her unconscious fear of abandonment and rejection stemming from her father's abandoning the family. In examining her childhood, it became clear that her empathy was a self-protective means of staying attached to her overwhelmed mother. Beth's use of this coping mechanism to effectively adapt at the time of early trauma now interfered with her capacity to turn to her significant other for soothing. This relational configuration guided my listening.

Robert's attempt to protect Beth from her feelings confirmed her projections that her feelings would be unmanageable and would overwhelm him. My encouraging expression of feelings and resonating with the couple's affects seemed to elicit feelings of being cared for, which created comfort and safety with the therapist and ultimately between partners. Both Beth and Robert experienced a new relationship with themselves and each other, no longer based on blueprints from their past.

Case III

Bill and Carol are two medical doctors in their early 30's. They have been a couple for about 5 ½ years and have been married for about 3 years. They met through Bill's roommate, while they were attending different medical schools. He said he was attracted to her because she was "like one of the guys." She was outgoing and fun to be with. Carol was attracted to his calm, kind demeanor. They came to see me (TE) because they felt they were drifting apart.

Bill is the oldest of four children. His parents are still together. He describes his father, a warehouse manager, as domineering and "old school" (meaning that father is head of household who usually has the final say.) Bill's mother, he described as timid and wanting to please others. She is a kindergarten teacher. Often, Bill witnessed his father yelling at his mother and his mother "taking it." Bill said he would tell his mother to stand up to his father, but she couldn't seem to manage it.

Carol is 2 years older than her married brother whom she describes as "smart, different" and "socially awkward." Her parents divorced when she was 5. She describes her father, a lawyer (although she could not remember when he last practiced) as "boisterous, outgoing, selfish . . . shady. She also thought

he might suffer from ADD. Mom, a nurse, is seen as warm, timid, anxious and very shy. She remarried when Carol was 8 to a "warmhearted" high school teacher. Carol felt both parents had abandoned her. Her father had little contact with her after the divorce and, according to Carol, her mother "chose" her new husband over Carol.

The couple presented themselves as two bright and engaging people, but very fragile. There were problems.

He described her as "ice cold" and he was frustrated. She had moved away from him emotionally within the past year and a half he said, because they had very different views about when they were going to start a family.

She was the more vocal of the two and appeared, at first blush, to be the more dynamic. It wasn't until our 2nd session that she softened considerably and confessed how hurt she was about the baby issue. Bill admitted to feeling very guilty about how he handled the whole situation, but he was adamant about postponing parenthood and was dismissive of Carol's desires to start a family sooner rather than later. They were both stuck and very defensive.

As we discussed the problem, I asked Carol what having a child meant to her. She gave it some thought and then said that she had felt very alone as a child. When I asked her to say a little more about that she began to well up. A tear rolled down her cheek. Carol was very uncomfortable with her display of emotion and tried to slough off the feeling by making a joke.

Bill, on the other hand, was quite obvious in his emotions and tears were streaming down his face as he looked at Carol. In fact, Bill was the one to stay with the feeling and would not let Carol be so dismissive. He said he really felt awful about the way she had been treated by both of her parents.

Bill sounded like he was empathic to the hurt Carol was trying to avoid. Bill's connection to Carol's pain was palpable, but as we worked together, I noticed that his empathy only went so far. (Note: Speaking to the gender aspect of this phenomenon, Katan, as quoted in Greenson (1960), states: "Since empathy originates in the early mother-child non-verbal communication, it has a definite feminine cast. Therefore for men to be empathic, they must have come to peace with their motherly component" (p. 424).

On two other occasions early on in the treatment, Bill continued to demonstrate his empathic connectedness to Carol, but something was missing. Bill could connect on an empathic level to others (Carol, his friends, his patients) but he could not relate to his own feelings of hurt and sadness. Bill admitted that he had a very difficult time putting his own feelings into words. In fact, it soon became evident that his empathically relating to Carol was also a way of protecting himself from awareness of ambivalent attachment

to his own family. One could posit that Bill was "playing" at being empathic, that he was just thinking of feeling, and oxymoronic "knowing" how to feel. We do not believe this was the case. Bill appeared genuinely moved by Carol's story and, more important, seemed to have convinced Carol that he felt her pain–more than Carol did, or could, herself.

From Carol's perspective, Bill's ability to relate to her hurt feelings made it easier to avoid her own. He was the container for her pain but there was an ulterior motive at work: he contained Carol's feelings and that guaranteed that he would stay attached. Plus, he need not look at or experience his own feelings of potential abandonment. In this case, empathy could be experienced as a vehicle for emotions-by-proxy (using the other as a container to hold, manage, and metabolize one's own unbearable affect.)

The empathic defense that Alice and bill manifested was their way of protecting themselves from the fear of being alone. In fact, it was only recently (session number 12), when I saw Bill individually, that he could admit to feeling very alone and wanted to do whatever he could to reconnect to Carol.

Conclusion

What makes these couples, and couples like them, so interesting to work with? They are in couple therapy because there is a problem in the relationship, but the problem is compounded by the collusive element of the empathic defense.

Tom/Alice: Tom initially came across as the problem, remote and cut off from Alice. They were there because she could not get him to share his process and talk about his feelings with her. Yet, in our initial sessions together, she would not let him speak for himself when he made the attempt.

Robert/Beth: Beth initially seemed concerned with Robert's inability to fully mourn the loss of their son. She was concerned that he would cause the loss of their 13-year-old daughter by overprotecting her, as a result of the earlier loss. However, as our work progressed, it become apparent that Beth's concern for him was a desperate effort to stay connected to Robert, who had withdrawn into depression. It was also an attempt to reconnect to her own dissociated feelings and unmourned loss in regard to their trauma. Carol came across as being tough and aggressive towards Bill. Of the two, he initially appeared to be more open to feelings. Yet, again, when it came to his relating to himself in an empathic way, he could not.

We believe empathy as defense is an ideal opening into the dystonic, collusive relationship a couple in crisis may present. Once this defense is

recognized, it becomes easier to work with the couple. It allows us to look at the underlying issues that brought them to therapy in the first place: depression and anxious/ambivalent attachment. Teasing these aspects out of the relationship allows us to work with the individuals in the couple and then connect what we find back to the couple.

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