

How Can We Practice Empathy in Pastoral Counseling? Cultivating the Clinical Virtue of Christian Incarnation

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This article develops a model for training in the virtuous ability of empathy in pastoral care and counseling. It introduces empathy as a clinical practice of Christian incarnation and proposes a new meaning with implications for pastoral and practical theology. If empathy were defined as a virtue that can be practiced and acquired by anyone rather than an innate ability that only certain people have, how could counselors be trained in this clinical virtue? How could counselors practice the 'ability to step into the client's shoes' in an empathic way? It is particularly crucial to develop this empathy-ability because of the expectations that Koreans bring to any kind of counseling relationship.

IMPORTANCE OF EMPATHY IN EARLY SESSIONS: A KOREAN REFLECTION

Surveys conducted on multi-racial clients in the United States consistently show that Asian clients have the highest tendency to terminate or drop out of counseling in the early stages. The reason given for this phenomenon is that Asians are unaccustomed to the culture of psychotherapy due to shame

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or humiliation.¹ Although it is true that a relatively low ratio of Asians seek counseling or psychotherapy, these clients generally have higher expectations and depend seriously on these initial sessions more than Western patients. It takes a lot of courage and determination for Asian clients to see a counselor.

If the expected results do not occur within a short time, then Asian clients are quick to evaluate counseling negatively and leave the sessions. From this viewpoint, it can be said that early counseling sessions determine the success or failure of counseling provided for Asian clients in general and Koreans in particular. It is difficult to achieve a meaningful connection with the Korean clients in early sessions simply by collecting client information, which is a process that commonly occurs during the early stages of counseling in the United States. How is this most important mutual experience in early counseling achieved in the initial meeting?

In his book *A Listening Ear: Reflection on Christian Caring*, Swiss physician Paul Tournier indicates that doctors who examine and appropriately diagnose patients can only see what they are prepared to see. That is, otorhinolaryngologists focus on the ear, nose, and throat, whereas ophthalmologists only see the patient's eye. For these doctors, it is unimportant to observe an entire human or conduct self-examination. Tournier goes on to contend that "genuine encounter" between the patient and the doctor is the most important factor in accomplishing a deeper relationship with the patient. This "feeling of meeting" and "communion" is explained as a spiritual experience achieved in the presence of God.²

This "feeling of meeting" and "communion" can be achieved depending on the perspective of the physician who examines the patient for the very first time. This viewpoint prioritizes the 'degree' of pain rather than the 'area' of pain. Although the particular area that doctors wish to look at may be the specialized domain that they want to study, it does not thoroughly reveal the pain and agony that the patient is experiencing. In other words, although an ophthalmologist can perform the professional act of examining and curing a patient's eye, it is difficult to achieve "communion" with sincere "feelings" toward the patient. The doctor may be able to encounter the wounded eye, but will not be able to personally understand the emotional worlds of the hurting person who suffers from physical pain, experiences frustration from not being able to see the loved ones, and feels guilt about the hardships experienced by his family members due to his eye pain.

I have become deeply interested in whether this type of encounter can be achieved in pastoral counseling and particularly during the early stages of counseling. It is most important for the counselor to 'emotionally' understand the client during the early stages of counseling, particularly in Korea. This is easier said than done. The first temptation encountered by most counselors is to become interested in quickly understanding the presenting issues (symptoms) of the client. This naturally makes some counselors focus on collecting client's personal and familial information. The general bias possessed by such counselors is that it is acceptable to consume much time and effort in questioning and collecting basic information during the early counseling sessions, in particular the first day of counseling. I believe that this is the shortcut that prompts Asian clients, including Koreans, to drop out of the counseling process in the early stages.

Because Koreans place significant emphasis on 'saving face' and feel easily humiliated by authority in collectivist culture, it takes an incredible amount of emotional energy to talk about one's internal secrets and problems to an unfamiliar counselor who is regarded as an authority. Thus, if the client does not feel that he or she is being 'emotionally' understood by the counselor during the early stage of counseling, there is a high possibility that the counseling will quickly end in failure. If empathy is viewed as a process for managing the proper feeling for and fitting together of the client's needs and the counselor's response, the process of emotionally understanding the client must become the first step of empathy. One might identify this process as 'building an empathic bond.'

DOING PASTORAL THEOLOGY OF EMPATHY: CLINICAL INCARNATION

The etymological meaning of "empathy" is *empathia*, meaning "in(to) suffering." Empathy is different from "sympathy," an English word that means compassion, in that it emphasizes 'into' (em-) rather than 'with' (sym-). For example, a passerby may feel anxiety 'with (sym-)' a person that has fallen into a pit, and express "sympathy" by offering a hand to help him or her out. On the other hand, "empathy" is the more active expression of compassion presented by the passerby who personally lowers himself or herself 'into (em-)' the pit and pushes the fallen person out from the bottom of the pit.

I believe that "empathy" in counseling postulates an attitude that sums up 'incarnation,' the essence of Christian theology. Many theologians in the history of Christianity have devoted themselves to pursuing the fundamen-

tal meaning of the theological question “Why did God become human?” Anselm of Canterbury (1033–1109), who is also called the father of Scholasticism in the Middle Ages, attempted to analyze and explain the incarnation of God purely based on reason. In the beginning of his book, *Cur Deus Homo* (*Why God Became Human*), Anselm laments irrational faith by stating the following: “The will of God ought to be a sufficient reason for us when He does anything, even if we do not see why He will thus, for the will of God is never unreasonable.”³

In this context, Anselm remarks that it is necessary to cast light upon God, who has been wounded by the sin and corruption of humans, arguing the rational need for the incarnation of God in relation to our inability to restore wounds or dishonor. As the sin of damaging God’s honor can only be atoned through the combination of justice and sacrifice, the incarnation of God is inevitable and the hardships and death of Jesus are nothing but righteous. This may appear to be a plausible explanation for the incarnation of God. However, the relationship between God and human beings is centered on liability. In other words, human beings file for bankruptcy when they are unable to pay for their debts, which are settled by God instead. Reasoning eventually devours life. Incarnation is buried within the fortress of doctrine based on logic and reasoning, and the image of Jesus as a human being that has shared life, suffering, and death with us gradually dims. The image of Jesus ‘suffering in(to)’ earth as a human being may disappear from incarnation theology, replaced by the image of God who has come to pay the debts of our sin. I intend to examine critically Anselm’s approach in order to develop a new theological understanding and practice of incarnation by using the context of clinical experiences.

The incarnated image of a human Jesus enhances the clinical behavior of empathizing with a wounded client in pastoral counseling. The act of understanding a certain person is similar to the incarnation process in which Jesus Christ “suffered into” earth as a human being. I encourage this incarnational perspective with students when they are first attempting to learn pastoral counseling and with counselors who wish to ‘emotionally’ understand new clients. The important issue is how the counselor steps into the client’s shoes. Understanding another person can be described as ‘understanding’ on the very bottom floor of the person’s pain and suffering. The true model of ‘under-standing’ was presented by God, who became human to stand ‘under’—i.e., at the very bottom of human reality, at a place of suffering and death.

Empathic understanding may be described as an innate attitude that is present only in certain people; in other words, a warm-hearted personality that easily sympathizes with the pain and suffering of other people. This study does not discuss this aspect of empathy (affective empathy) because counselors are able to develop the ability to empathize through training and practice. This study attempts to compose a mutual definition of empathy as the ‘proper fitting together of the client’s needs and the counselor’s response’ from a pastoral theological perspective. It is a practical model of mutual empathy in which the counselor can be trained to “under-stand” at the very bottom of the client or “suffer in” through the heart of the client.

Pseudo-Empathy: Self-Revelation, Generalization, and Mental-Neglect

From the viewpoint of pastoral counseling, not all empathic attempts to feel and share the emotions of the client automatically progress past the “with (sym-path-y)” stage to become “into (em-path-y).” The incarnation experience of sharing pain from within is an experience of stepping into the client’s shoes to under-stand the client and is thus different from the simple act of sharing emotions.

Self-Revelation: The first type of response that must be distinguished from empathic understanding is ‘self-revelation.’ In order to understand the suffering of the other person and express sincere empathy, we are tempted to let the other person know that we possess similar experiences. Instead of under-standing the deepest emotions of the client, the counselor remembers a similar health problem he or she has experienced in the past and prioritizes the act of expressing empathy to the client. The moment that the counselor reveals himself or herself to express empathy, even with well-intended purpose of convincing the client that his or her problem is a surmountable issue that is commonly experienced by many people, the counseling session begins to progress in an unintended direction and the counselor still fails to step into the shoes of the client.

Once the counselor reveals a very similar dilemma or crisis to that of the client, the client is likely to request a detailed explanation of the experiences revealed by the counselor in an attempt to substitute himself or herself within the counselor’s personal experiences. In other words, the client requests greater accuracy and concreteness for the self-revelation that was presented by the counselor in an attempt to express empathy. Rather than feeling empathy for the fact that the counselor too experienced a similar disease, the client concentrates on the experience of the counselor to satisfy his or her curiosity

or resist facing his or her own situation. In a flash, the direction of counseling is moved from the experience of the client to that of the counselor.

Although unintended, the counselor has no choice but to continuously reveal his or her personal experiences rather than focusing on the client's problems. After the counseling session, the client will not remember the common denominator shared between his or her own experience and the counselor's, which was exposed to establish empathy for the client's problem, but will rather dislocate his or her problem from the similar, yet different, experience of the counselor. The client may feel that the counselor has abandoned his or her problem or sense the absence of the counselor in viewing the client's problem as an issue separate from the counselor's. In this regard, self-revelation is an impediment to empathy because it provides the client with a sense of dislocation or separation from his or her issues.

In my supervising experiences, counselors-in-training feel that self-revelation is appropriate if the personal experiences are very similar to those of the client. However, although this may appear to be an effective short-cut to empathy, the error of self-revelation is that it focuses the session on the counselor's experiences rather than arousing empathy by concentrating on the client.

The counselor's self-revelation can suddenly change the direction of the counseling session by making the client become more interested in the problems exposed by the counselor.

In the process of training counselors, I occasionally meet counselors who feel the need to reveal themselves, albeit restrictedly. These counselors argue that it is possible to prevent making inappropriate self-revelations regarding similar experiences to the client's. I respond by encouraging them to express 'self-definition of emotion' instead of 'self-revelation of experience.' The counselor can define the emotion felt during a similar experience and express this emotion to the client. Rather than exposing oneself by saying "I also underwent similar surgery," the counselor can use the experience to express the emotions that she felt at the time: "Wow, how frightening it must have been to be diagnosed with gastric cancer without having prior symptoms. Even if the surgery was a success, you must have experienced depression symptoms because of complications. It must have been very painful." In this regard, the process in which the counselor diagnoses the emotions felt by the client plays a very important role in mediating the inner emotions of the client.

Generalization: Generalization is the second clinical approach that bears the likeness of empathy. Although many counselors realize that it is not advisable to generalize the client's problems in the counseling process, it is definitely one of the most frequent mistakes made by counselors. In other words, if the client appears to carry the weight of the world on his or her own shoulders, the counselor tends to make the decision to reduce the weight of the problem by generalizing the issue to a certain degree.

The generalized personality type that was presented by the counselor to help the client gain self-understanding and awaken positive resources within may be comprehensible to most people when viewing the client's problem statistically. The solution provided by the counselor in relation to this analysis may seem like a powerful, effective prescription. However, there are very few clients that can actually accept such solutions. This is because the intervention of generalized counseling only serves as a temporary expedient in many cases. When introduced to one's true self, analyzed through psychological assessment, the client may nod his or her head in agreement with some aspects but will not be able to shake off a feeling of inadequacy regarding the counseling session. The empathy that the client wishes to receive is not an indirect understanding provided by general statistics or psychological measurements. Instead, it is the experiential understanding achieved with the counselor to whom the client is sharing his or her stories. In many cases, the client would feel that generalization is an act of temporarily covering up his or her emotional wound and pushing him or her back into the world without regard for his or her actual condition. Covered by a 'band-aid,' the client's wound will fester without fully healing.

Mental-Neglect: The aim of counseling is to be absorbed with observing the deep inner emotions of the client. Occasionally, a counselor may take interest in the problems of third parties that surround the client. Of course, these third parties are people that the counselor has usually never met before, characters that are behind the scenes of the counseling session. For this reason, counselors are sometimes compared with adventurers who explore the unknown world or archeologists who dig up relics in historic sites. Although counselors do not intend to neglect the client, the desire to achieve empathy with the client may lead to mental neglect when they become preoccupied with people outside the counseling room without realizing it.

In no event does preoccupation of the third party contribute to positive results in counseling. In other words, the counselor cannot make any clini-

cal assessments before meeting and consulting with significant others outside the counseling room. As soon as the counselor jumps to conclusions, a triangular relationship is formed between the client, the 'outside other,' and the counselor. Many counselors experience resistance from their clients by making the mistake of speaking for a third party related to the client. Even in situations where the client asks the counselor for his or her opinion on a third party, counselors must make clinical efforts to focus the session on the issues of the client. The client's experience of mental neglect may cause an irreconcilable breach in a fragile empathic bond.

Three Stages of Empathic Understanding

What is significant about exploring pseudo-empathy, or barriers to authentic empathy, are the implications for the specific process of empathic understanding. In order to explain empathic understanding in counseling, I used to employ a particular figure of speech, the metaphor of an *elevator*. In the counseling process, the counselor and the client are each riding separate elevators. The elevators operate from the underground to the ground floors. To compare it with a human body, the counseling related with the "mind" (cognitive element) is similar to the elevator operating on the ground floors, whereas the counseling related with the "heart" (emotional element) is similar to the elevator operating on the underground floors. The counselor must remember that in order to achieve empathy, the counselor and the client must take the elevator to the same floor during the counseling session. In particular, counseling becomes difficult if the counselor operates the elevator to the ground floor when the client is headed to the underground floor.

The problem is that it is very uncommon for clients to operate the elevator to the underground floor on their own. The success or failure of empathy is determined by whether or not the counselor can quickly move down to the underground floor in the short period of time the client remains underground. Counselors that remain in the 'mind' of the client not only fail to feel the client's 'heart,' but also foolishly 'pull up' the client's elevator from the underground floor. The previously introduced processes of self-revelation and generalization prevent the counselor from jumping down to the underground floor with the client and easily create the cognitive response that triggers the client to move to a higher ground floor. Thus, the counselor must be equipped with the clinical sensitivity to promptly react during the moment the client attempts to move underground. The client, after remaining on ground floors for a certain period, uses words to express personal

emotions when descending to the underground floor. In this situation, the reaction of the counselor that descends with the client is an essential element of empathy. The following example of generalization and self-revelation presents how the counselor fails to ride on the same underground floor with the client when the client both verbally and non-verbally expresses her emotions.

Counselor 1: When did you first begin to experience symptoms of depression?

Client 1: Well, I'm not sure. My husband and I often fought with one another since the beginning of our marriage, perhaps due to the very different family environments we each grew up in. Usually, I was the first to make the attempt to settle the problem. But things changed last year ever since I had surgery for gastric cancer. All of a sudden, I felt that I had lived my life all wrong. You know...the kind of emptiness we feel in our age. [moving to underground floor].

Counselor 2: You mean the depression that is normally experienced by many people during early middle age? [moving to ground floor].

Client 2: Yes, I hadn't felt it before, but it just came rushing to me all of a sudden [return to ground floor].

Counselor 3: I see what you are saying. The depression that people in our age experience is abrupt and sudden in many cases [ground floor].

Client 3: Yes. My children are all grown up and my husband is always too busy working. And now I'm sick...(voice chokes up with sadness) [back to underground floor].

Counselor 4: Of course, I completely understand what you mean. It's only natural for you to feel sad in a situation like that, especially if you are ill. I too have gone through a very similar experience [ground floor].

Client 4: A similar experience? [back to ground floor]

I will now elaborate on the three-stage process in which the counselor can jump to the underground floor with the client to achieve empathy. In the first stage, the counselor must personally feel the emotions of the client who is attempting to descend to the underground floor. This is the most important stage, which requires both sensitivity and training. The client may express his or her emotions verbally, but may also use other various non-verbal expressions (e.g., tearing up or choking up). Incarnational efforts are required for the counselor to attentively listen to and observe the client's reactions. In other words, the counselor must **suffer in** from the bottom of the client's situation.

The second stage is the **self-definition of emotion** phase, during which the counselor independently defines and expresses his or her emotions for the client. I believe that the concept of Christian incarnation provides a good prototype for this stage. Jesus' death on the cross serves as a gospel for Christians not only because of his resurrection. The death on the cross could have become a formality for Jesus, the Son of God; for example, if God had created Jesus to be incapable of feeling pain or if Jesus had ascended to the heavens from the cross as if to mock the Roman soldiers or the Jewish public, Jesus may have become a savior unrelated with the suffering of human beings. However, Jesus became the savior of joy to all human beings in suffering and pain solely because he personally felt and experienced the most difficult hardships and the most humiliating death. The Bible testifies that Jesus possessed nail-scarred hands and spear marks in his waist even after resurrection. The resurrected Jesus is not re-created as a magically sound image unrelated to pain and suffering. Instead, he returns to life carrying the wounds of human beings. From his birth to his return to the heavens, Jesus never stopped empathizing with the pain and suffering of human beings.

The death of Jesus on the cross is the self-definition of God's wounded heart for the suffering of mankind. On the cross, Jesus professes that it truly a heavy task to feel pain and experience death as a human being. This confession is presented in the scene in which Jesus cries to the Father in heaven. "My God, my God, why have you forsaken me?" However, God the Father was not in the heavens at the time, but was also dying on the cross of Jesus, God the Son. In this regard, Jesus' death on the cross is the self-definition of God's wounded heart. There is no power in the universe that can harm God, but the suffering of the sacrificed breaks God's heart. I believe that the cross signifies God's sincere engagement in human suffering and the self-definition of God's wounded heart for them, rather than depicting a memorial service of sacrifice for saving mankind from sin. Thus, the death of Jesus serves as an example of suffering experienced by guiltless sacrifice, enabling us to feel a sense of companionship through the innocent death. Perhaps this is why Luther stated that God meets people in suffering and death.

This is also joyful news for pastoral counselors. The cross is a meeting place between God and humans. To be more specific, the suffering of humans serves as the meeting place between God and mankind. This is why pastoral counseling sessions for healing wounds serve as the meeting place between client, counselor, and God. Hereupon, I wish to examine the ques-

tion of why God became human from the viewpoint of pastoral theology in relation to the agony and sorrow of God. A Korean theologian Andrew Sung Park wrote *The Wounded Heart of God*, which received much attention from many theologians in the US. Although Park was interested in the forgiveness of sins committed by rulers, which is a topic significantly covered in Western traditional theology, he argued that these doctrines disregard the problem of wounded heart (Korean concept of 'han') possessed by those sacrificed by the sin, and stated that it is impossible to understand the true cross of God if the problem of sin and wounded heart are not considered together.⁴

For similar reasons, I would go on to claim that the logical explanation argued in doctrinal theology, which states that God had no choice but to become human in order to pay off human debts, seems like a rather wild speculation that attempts to explain the 'heart' of God through the human 'mind.' In other words, although God's elevator is located on the underground floor, people judge God based on their reason and logic from the highest ground floor. It is impossible to explain the correlation between the reason for God's incarnation with the human life, and God's own suffering in the life and death of Christ if we do not encounter God's wounded heart on the underground floor. The act of understanding clients in counseling sessions is identical to impersonating the incarnation of God, who has descended to the very bottom of human suffering to understand the depths of our pain and sorrow. Thus, the clinical site of the counselor is the place in which the counselor can feel and express God's wounded heart.

Reframing is the third stage, achieved directly after the counselor feels the emotions of the client and independently defines and expresses his or her personal feelings for the client. Reframing is achieved by repeating the question of how the client feels within his or her own situational framework. This procedure mediates the emotions of the counselor toward the client and the client's actual emotions. In this situation, the client widely opens the elevator door to the underground floor to share with the counselor the personal inner emotions that are located deep within. The following examines the previous case according to the stages of the empathy process.

Stage 1: Emotion of client felt by the counselor

Client 3: Yes. My children are all grown up and my husband is always too busy working. And now I'm sick...(voice chokes up with sadness).
[Underground floor]

Stage 2: Counselor's self-definition of emotions

Counselor 4: Your voice choked up all of a sudden. I feel that you might be suffering from something more than just a simple case of midlife depression. It appears to me that you are trying very hard to hold back your tears. [*Underground floor*]

Stage 3: Re-framing through client

...How do you hear what I'm saying? (How is it like for you? Can you tell me a little more what it is you really feel?)

Client 4:...(crying) To be honest, life feels so empty these days. I don't even know what I'm living for. I feel depressed and hopeless (wipes tears). [*Underground floor*]

When these three stages of empathy are carried out throughout the counseling session, the client is able to experience a sincere encounter with the counselor, who has jumped into the elevator with her. The counselor feels the sorrow and pain of the client by listening to the client's voice choke up (Stage 1). If this stage ends with the counselor merely feeling such emotions, the counselor cannot jump into the client's elevator and follow her to the underground floor. Thus, the procedure of self-definition, in which the counselor verbally defines the client's emotions and expresses these feelings to the client, becomes a very important part of empathy (Stage 2). This moment can be viewed as the point in which the counselor jumps into the client's elevator to enter the underground floor. When the counselor asks the client to re-experience the pain within the framework of the client through reframing, the client will open the elevator door on the underground floor and share private emotions with the counselor to create empathy (Stage 3).

It is essential that the counselor performs self-definition without expanding to analytic interpretation. The counselor does not need to pursue professional analytic ability or accuracy regarding the unconscious of the client. Discussions regarding the unscientific, inaccurate aspect of empathy on psychoanalysis are criticism only restricted to the 'interpretation' of empathy. If empathy is to be understood as a process that manages "the proper feeling for and fitting together of the patient's needs and the analyst's response" based on Arnold Goldberg's definition, the completion of empathy is based on the mutual experience composed between two people.⁵

For those that believe empathy to be the perception or cognition process of the client, empathic understanding will always occupy a passive position in unilaterally waiting for the emotional identification of the counselor (interpreter) within the unconscious of the client. As insisted by Daniel

Stern, empathy is not a privileged means of observation but rather a perspective. What the analyst considers to be empathically derived knowledge, according to Stern, is partly a product of personal processes. Those relying on empathy as a privileged mode of perception assume that the experiences to be perceived are already there in the other person awaiting the analyst's empathic attunement or identification. This ignores what Stern considered to be "how fully the analyst and patient participate moment-to-moment in the construction of one another's experience, how they co-create everything that takes place in the analysis."⁶ Hereupon, as the last stage of empathy, 'reframing' (stage 3), serves as an important moment in which the counselor and the client share mutual experiences to achieve empathic construction of one another's experience.

It is critical to keep in mind that this three-stage empathy process requires the counselor to refrain from making interpretations or judgments. Stern states the following: "We must cultivate a tolerance for the possibility of continuous unknown participation... This perspective is incompatible with the view of most self psychologists, because they hold that, apart from the occasional and unavoidable failure, the analyst always assumes an empathic stance."⁷ Clearly, empathic understanding is not something one can gain through perceptual, interpretative skills. Instead, it is an understanding that is achieved through mutual attunement to the underground level that composes divine communion between human beings, like the process of incarnation.

CLOSING REMARKS

Based on the importance of empathy in early counseling sessions in a Korean context, this article attempted to find a way to train and practice empathy in pastoral counseling. Accordingly, this study explained the three stages of empathy by providing a verbatim example. These stages enable the counselor to feel the emotional pain of the client, express these emotions to the client, and help the client to reframe his or her feelings within an experiential framework.

This presents a method that pastoral counselors, who lack consistent training on psychoanalytic observation and interpretation, can utilize to manage the "proper feeling for and fitting together of the patient's needs and the analyst's response" from the early stages of counseling. Furthermore, this provides us with a very important task of pastoral theology, in

that pastoral counselors can practice incarnational human understanding in response to the calling of God. The incarnation of God is not only a historical truth that happened more than 2,000 years ago in Judea, but also a clinical virtue that must be newly experienced and practiced every day in pastoral counseling.

NOTES

1. Evelyn Lee, ed., *Working with Asian Americans: A Guide for Clinicians* (New York, Guilford Press, 1997), 467.
2. Paul Tournier, *A Listening Ear: Reflection on Christian Caring* (London, UK: Hodder & Stoughton Ltd, 1986), 34.
3. Saint Anselm, *Cur Deus Homo* (London, UK: Griffith Farran Okeden & Welsh, 1890), 12.
4. Andrew Sung Park, *The Wounded Heart of God: The Asian Concept of Han and the Christian Doctrine of Sin* (Nashville, TN: Abingdon Press, 1993).
5. Arnold Goldberg, ed., *The Psychology of the Self: A Casebook* (New York: International Universities Press, 1978), 8.
6. Daniel Stern, "Empathy is Interpretation (And Who Ever Said It Wasn't)," *Psychoanalytic Dialogues* 4 (1994): 443.
7. Daniel Stern, "Not Misusing Empathy," *Contemporary Psychoanalysis* 24 (1988): 608–609.