

**Empathy, Intersubjectivity, and the Longing to be Known:  
Why Personality Assessment Works**

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Please listen to the following real clinical scenarios and think about what they  
have in common:

1) It is my first year in clinical psychology graduate school, and Lloyd Sines, the professor teaching the lab section of my psychopathology course, takes us 6 students each week to interview different people admitted to the inpatient psychiatric ward at the University of Minnesota hospitals. One week my classmates and I are brought to see an elderly man, Mr. Olson, sitting in a chair in his hospital room, almost completely catatonic. The head nurse tells us Mr. Olson has not moved or uttered a word since his children brought him in the day before, and that he has been severely depressed since the death of his wife one month ago. As we observe, Dr. Sines pulls up a chair, and moves in close to Mr. Olson. He introduces himself in a quiet voice and then takes Mr. Olson's hand very gently in his. He says, "Mr. Olson, I would like to say some things about what I think you are experiencing right now. If I'm correct in what I say, please squeeze my hand to let me know that I'm right. If you understand and agree to this, please squeeze my hand right now." Mr. Olson responds as requested. Dr. Sines then continues, "You are feeling that life is not worth living right now" (squeeze), "that you wish you could just lay down and die" (squeeze), "that you

wish people would just leave you be” (squeeze), “and that you can’t go on without your wife.” Mr. Olson squeezes again, and a tear silently runs down his cheek. Dr. Sines continues in this fashion and within 15 minutes, Mr. Olson is crying and talking to Dr. Sines in a strained voice about his wife’s death. In less than 30 minutes, Mr. Olson is able to stand and walk to his bed and lay down. We students are overcome with awe at Dr. Sine’s clinical mastery.

2) Lisa is a 21-year-old girl who has suffered numerous traumatic experiences in her childhood that her family has never acknowledged, including her parents’ highly conflictual marriage and subsequent nasty divorce, her mother’s alcoholic binges, her younger brother’s frequent rages, and her father’s attempts to turn her against his ex-wife after their separation. Lucy’s mother and stepfather have referred her for a psychological assessment because they are concerned about her alcohol use and the fact that her grades in college are much lower than they ever were in high school. Lucy agrees to participate, and in our initial session, my post-doc and I learn that Lucy is the consummate “party girl”, who lives for the string of bashes each weekend where she gets drunk and after which she frequently can’t remember what happened. Still, Lisa confesses to us that she is bothered by not knowing what she wants to do in life. She feels lost, she says, and embarrassed that she hasn’t already decided on a college major. We agree to do some career and personality testing, and Lisa subsequently comes to every one of the scheduled sessions, eagerly participating in each test we give.

3) Mr. B is on probation, referred against his will for an MMPI-2 assessment, and when I first meet him he is resistant, skeptical, and hostile. After 10-15 minutes of trying to establish his own goals for the assessment—with little success—I ask him instead about his experiences on parole. I listen carefully as he

launches into a heated diatribe about how “disrespected” he feels by Ms. Jones, his probation officer. He complains vehemently that Ms. Jones has told him he is an angry person, but that he is not; he insists he is simply more forthright and “honest” than most people. After a while, Mr. B agrees to take the MMPI-2 to see who is right—he or Ms. Jones. After this point in the interview, he becomes calmer and more vulnerable and asks me if the MMPI-2 can tell what kind of job he should look for. He then goes on to tell me about his problems meeting women. His subsequent MMPI-2 profile is quite unguarded.

4) Marion is 50 and tells me in the first few minutes of our initial session that she is having a classic “mid-life crisis” brought about by “empty nest syndrome.” I learn that she got married at age 19, gave up plans to go to college, and instead stayed home to raise 5 children. Now her youngest child has left for college and Marion says she is depressed, doesn’t know what to do with herself, and no longer “knows who she is.” I find out that she has spent much of the past year reading self-help books, and filling out sample “personality profiles” in women’s magazines. Her husband finally suggested she go for a “real” psychological assessment and got my name from a friend. Marion arrives eager and full of questions about herself. Her main question is: “Who am I? I became so ‘de-served’ in my relationships with my husband and my children that I no longer know who I am. Is there still hope I can ‘find myself’ at age 50?”

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To me, these four case excerpts illustrate a phenomenon I have spoken about in these meetings before: that there is a basic human longing to be known, understood, and accepted for who we are (e.g., Finn, under review). In the first scenario, it was Dr. Sines’ accurate empathy for Mr. Olson’s inner world that

reached through his despair and eventually gave him the energy to reenter the world of human relationships and resume his grieving. With Lisa, the “party girl”, you can imagine the difficult underlying emotional states she was managing with her wild and superficial social behavior —emotional states that eventually became clear to us through her Rorschach responses. Yet, Lisa so wanted to know more about herself that she eagerly took part in a process that she knew—on some level—would elucidate those difficult emotions.

Some of you have seen the video of my interview with Mr. B—the man on probation. When I watch it I am always struck by how upset he is that Ms. Gomez has misunderstood him, and how cooperative he becomes with me as I sympathize with his plight and offer a way for us to assess whether he is an “angry person”. And finally, with Marion, the 50-year-old woman, I marveled at how hard she had worked to try to “find herself” by reading self-help books and filling out various rating scales. She was so eager for feedback from me that I decided to be especially thoughtful about what I said to her about her, lest my comments become part of some new, hastily constructed self-definition.

As I hope you could hear, each person was struggling with a desire to be understood and known by themselves and by me and was willing—precisely because of this motivation—to enter into the unknown and to them mysterious process called psychological assessment. In fact, I would suggest to you that without this motivation, none of these assessments would have been successful or even possible. And I think a similar force is at work in all successful psychological assessments.

My goal in this paper is to explain how the motivation to be known, understood, and accepted is crucial to our work as psychological assessors and

basic to our make-up as human beings. I will talk about recent research in developmental neurobiology that helps explain this motivation, and then draw implications for the practice of psychological assessment.

### One-way and Two-way Intersubjectivity

I have written before about intersubjectivity theory as it applies to psychological assessment (Finn, 2002). Today I will use the word intersubjectivity in a different sense—as a type of human interpersonal experience in which one person “[mind reads] . . . another’s thoughts, feelings, or intentions” (Stern, 2004, p. xvi). This is not a mystical process, although it is wondrous; it is well established that the human capacity for intersubjectivity is based in our innate ability to notice subtle facial expressions, body movements, and posture, to hear minute variations in tone of voice, and to infer intentions based on the context of another’s behavior. Stern (2004), Trevarthen (1993), Tronick (1998) and others have written about “one-way intersubjectivity”, which can be described as “I know what you are feeling”. A more complicated experience is two-way intersubjectivity, best captured by the phrase: “I know that you know what I am feeling, and vice versa”. Similarly, Siegel (1999) has written about the powerful experience of one person “feeling felt” by another.

### Mirror Neurons

Recent advances in neurobiology have made it clear that the capacity for intersubjectivity is “wired into” our brains. I can’t review all this research today, but one major advance was the discovery of “mirror neurons” by Rizzolatti and his colleagues at the University of Parma (Rizzolatti, et al., 1996). To summarize, mirror neurons sit next to motor neurons in the brain. They fire when we are doing nothing other than watching another person behave (e.g., scratching her

nose). And the pattern of neural firing mimics the exact pattern that would happen if we were scratching our own nose. It is now widely agreed that mirror neurons extend beyond simple motor behavior to help explain shared emotional experiences. To quote Stern (2004): "Mirror neurons . . . [permit] us to directly participate in another's actions without having to imitate them. We experience the other *as if* we were executing the same action, feeling the same emotion, making the same vocalization, or being touched as they are being touched. . . . This "participation" in another's mental life creates a sense of feeling/sharing with/understanding the person, in particular the person's intentions and feelings" (p.79).

Clearly mirror neurons are one of the important mechanisms underlying empathy and intersubjectivity, and they help explain why (with some individual differences) these phenomena are ubiquitous in humans, except in cases of brain disorders such as autism.

### Intersubjectivity as a Basic Human Motivation

In a recent book, Stern (2004) has advanced the hypothesis that we humans not only are innately *capable* of intersubjective experiences, but that we ardently desire them and seek them out. Stern posits that intersubjectivity is a basic human motivational system, such as the attachment system and the sexual system, and in fact, that the intersubjectivity system is more basic than the attachment system because attachment cannot take place without the ability of child and caregiver to read each other's cues and coordinate their emotional and behavioral responses. Also, Stern believes that intersubjectivity confers an evolutionary advantage, in allowing the nonverbal coordination of complex group activity (such as hunting together a dangerous wild animal), the

establishment of family and group identity or cohesion (which contributes to survival in a number of ways), and the development of morality. (The basic idea here is that we might not experience guilt about hurting others except for the fact that we can feel what they are feeling.)

If intersubjectivity is a basic human motivation, then it must activate goal-directed behaviors and be experienced by the individual as a need or longing. Stern (2004) details two instances where we feel this desire: 1) We all experience the need to read the intentions or feelings of people around us, and will be anxious in groups or dyads if we are not able to do this. (As a thought experiment, imagine being put in a room full of strangers and being prevented from either seeing or hearing them!) 2) We all have a need to define, maintain, or reestablish self-identity and self-cohesion—to “know who we are.” And we need the eyes and reactions of others to be able to do this. None of us can “figure out who we are” without “feeling felt” by others—although as Marion (the 50-year-old woman in my fourth scenario found out) there is also a danger in having our self-definition be totally determined by how others view us.

Because these two needs are part of an innate motivational system, they exist across the life span. We never outgrow our desire to be seen, accepted, and known by others—to be reflected in another’s eyes and mind—and to get information in this way about who we are. Also, these needs can never be completely satiated; we are always on the look out for new experiences of intersubjectivity.

### Implications for Psychological Assessment

So, if people generally have an intense, innate longing to be known, understood, and accepted, what are the implications for our work as psychological assessors? I can think of 5 points I'd like to make today.

1) We have a great deal to learn about the "micro-processes" involved in psychological assessment and psychotherapy, and research is greatly needed in this area. Clearly our work as assessors crucially depends on the "mutual penetration of minds" (to use a phrase from Stern, 2004) that occurs between client and assessor, and we know little at this point about how this occurs on a minute-to-minute level during assessment sessions and what role our tests play in helping clients feel felt. I propose that what is appropriate here are detailed analyses of videotaped client-assessor interactions, much as Beebe (Beebe & Lachman, 2002), Tronick (1998), Trevarthen (1993) and others have used to investigate parent-infant intersubjectivity. I suspect that such research could teach us more than we can possibly imagine about the process of psychological assessment.

2) The intense experience of mirroring and acceptance that we can offer people who participate in a psychological assessment has a high intrinsic value. Just think of all the money that is spent and made in our country on those lay personality tests that my client Marion found in her women's magazines and you get a sense of how great the motivation to be known generally is. And of course, for some of our clients, feeling seen, understood, and accepted can be a matter of life and death.

I grasped this in a new way recently when I assessed a woman who had chronic, intermittent pelvic pain as a result of botched gynecological surgery.



Although her pain was not particularly physically intense (e.g., it never got above a 4 on a scale of 1-10), the woman was in absolute despair about it, and neither her husband, her physicians, or her psychotherapist seemed to understand why. Their lack of understanding made the woman feel worse, and as a result she was quite suicidal when we began the psychological assessment. Through the assessment, and in part because of her Rorschach responses, I was able to help the woman put words to the extreme powerlessness she felt about the pain. She never knew when it would come or when it would go away. She could be in the middle of a good day, and suddenly it would return. And even on days when the pain was completely gone, she found it impossible to enjoy herself because she was worried that it would soon be back. After we talked about this powerlessness and how traumatizing it was for her, the client said that I was the first person who truly understood her anguish, and she stopped feeling acutely suicidal.

3) To get people to fully participate in a psychological assessment, we must “simply” activate the intersubjectivity motivational system. That is, if clients come to believe--prior to or in the beginning stages of an assessment—that the process is likely to lead to their feeling known, understood, and accepted, they will be eager to cooperate with us in any way. Also, if clients begin to learn things about themselves and feel accurately mirrored and respected as the assessment proceeds, their energy and motivation to continue should only increase. I believe this understanding gives new support for the procedures of collaborative psychological assessment, which are grounded in a phenomenological or intersubjective view of the assessment situation, and which

have been proven to positively impact clients more than do traditional assessment procedures.

4) As we get better at knowing how to engage clients in psychological assessments, we must be rigorous about obtaining informed consent. If the longing to be seen, known, and understood by another is a basic human drive, and we learn more about how to activate this motivational system to get people to reveal themselves to us in psychological assessment, we need to be extremely thoughtful about the potential consequences for clients, and we must inform them beforehand. I have been thinking about this a great deal recently following a psychological assessment a colleague and I did with a young, extremely bright, but troubled woman. This young woman posed a number of penetrating questions about herself at the beginning of the assessment, and—as the process continued—gradually came to know and understand a number of deeply disturbing things about her background growing up. In spite of our best efforts to support the client emotionally, she sunk into a deep depression as the assessment unfolded, and fortunately, was able to begin seeing her psychotherapist 3 times a week immediately after the assessment ended. At her two-month follow-up session, the client told me she was glad she did the assessment, and that she would do it over again even as hard as it was, but that she also thought the “warning label on the Therapeutic Assessment can” needed some additions. I have been thinking carefully about her comments.

5) We must not underestimate people’s appreciation for our work, and we must be wise about the termination phase of our assessments. As I think back on the assessments I have done, I realize that I can only fully understand the extent of clients’ appreciation afterwards by positing that Therapeutic Assessment

directly addresses a basic and crucial human need. Over the past 25 years, at the end of their assessments, various clients have: 1) told me with tears in their eyes that they have never felt so understood, 2) offered to pay me more money than we had agreed upon for their assessments, 3) asked if they could refer their entire family for assessments (and in some cases, have actually done so), 4) sent me poems, cards, and photos for years after we completed our work, and 5) [this is true] offered to name their first child after me. Of course, I have been touched and honored by such gestures, while attempting not to take the clients' reactions entirely personally. (Again, conceiving of intersubjectivity as a basic human need helps me put these reactions in their appropriate context. I don't think they can be fully explained—as I have done previously—by positing a human drive for self-verification.) But, I have also become much more sensitive and thoughtful about the termination phase of my assessments with clients. Following the work of Diana Fosha (2000), I am now spending much more time with clients at the end of their assessments, allowing them to process the experiences, express their appreciation, and say good-bye. Fosha has found that this kind of “meta-therapeutic processing” helps psychotherapy clients consolidate their work and reach new states of integration. As I get more practice doing this, I will keep y'all informed of what I find.

Thank you.

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