
SPECIAL SERIES: A Tribute to Paul Lerner

The Many Faces of Empathy in Experiential, Person-Centered, Collaborative Assessment

STEPHEN E. FINN

Center for Therapeutic Assessment, Austin, Texas

Paul Lerner was an amazing clinician and teacher, and he wrote that empathy was the “heart” of his particular approach to psychological assessment. In this article, I discuss 3 meanings of empathy: (a) as an information-gathering tool, (b) as an interpersonal process, and (c) as a healing element in human interactions. I then demonstrate how each of these meanings of empathy is exemplified in Lerner’s written work and in collaborative and therapeutic assessment.

The heart of an experiential interpretive approach is the examiner’s empathy.

—P. Lerner (1998), in “Schachtel and Experiential Rorschach Assessment” (p. 186)

In 2007, Barton Evans asked me to take part in a symposium at annual meeting of the Society for Personality Assessment (SPA) honoring Paul Lerner. I eagerly accepted the invitation because Paul Lerner was someone I greatly esteemed. When told the symposium title—“The Heart of Assessment”—I immediately associated to Lerner’s heart-filled presence and to how I always saw him as a dynamic force at the center of SPA. I also remembered the preceding quote and realized that one thing I admired so much about Paul Lerner was his amazing empathy. In this article, I write about various aspects and meanings of empathy, how many of these are evident in Lerner’s published work, and how I have come to think about empathy in collaborative and therapeutic assessment.

MEANINGS OF EMPATHY

Empathy as a Mode of Gathering Information

In various of his writings, Lerner made it clear that when he referred to empathy, he meant it in the sense that Kohut (1959) did in his seminal paper, “Introspection, Empathy, and Psychoanalysis.” That is, Lerner often cited Kohut and stated that empathy was an “information-gathering activity.” Lerner (1996) elaborated: “The examiner uses the individual’s entire [test] production—the response and the accompanying verbalizations—as a jumping-off point for attuning to the underlying subjective state” (p. 457). Lerner (1998) also stated, “The examiner asks himself or herself, ‘To have arrived at this response or used these phrases or words, what might the patient have been experiencing or trying to communicate at the moment?’” (p. 187). Lerner made it clear that this empathic

way of looking at test materials could be applied not only to the content of Rorschach (Rorschach, 1921) responses but also to the scoring. I think he would have agreed also that empathy is useful in interpreting other kinds of psychological data besides the Rorschach. For example, as assessors we might ask ourselves “What is it like to be a person with a Wechsler Adult Intelligence Scale–III (Wechsler, 1997) Verbal IQ of 130 and a Performance IQ of 85?”; or “What kind of person would copy the Bender Gestalt figures so that he needed 3 sheets of paper for his drawings?”

Lerner saw this way of interpreting psychological testing as directly in line with Mayman’s (1964) “clinical-intuitive” approach as well as Schachtel’s (1966) “experiential” approach. At times, he also adopted Mayman’s term “person-centered” for this method, and contrasted it with a “test-centered” way of looking at assessment materials; Lerner also used the terms “clinical-humanistic” and “phenomenological” in some of his writings. One of the best examples of how he himself applied this strategy comes from the Appendix of Lerner’s (2005b) wonderful article, “Red Beavers and Building Bridges Between Assessment and Treatment,” in which he described the assessment and subsequent treatment of a 34-year-old woman. (See Figure 1.)

In this figure, Lerner (2005b) showed what he called his “first-order inferences” from the client’s Rorschach. He posited that it was in this step of Rorschach interpretation that empathy was most involved. For example, we see Lerner’s notations that the client’s request for structure and direction at the beginning of the Rorschach might indicate that she “looks to the outside” and “seeks external direction.” As I mentioned, you can see that Lerner drew inferences not only from the Rorschach content but also from the scoring. For example, after scoring the second white space response on Card 2, Lerner (2005b) notes that the client might be experiencing “emptiness.” In the next step of the interpretive process, which Lerner called “transformation,” these first-order inferences are examined, assembled, and integrated into higher-order inferences. Lerner (2004) described this process as follows: “Bits and pieces start to fit together and the model takes shape; it comes to the

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Address correspondence to Stephen E. Finn, 4310 Medical Parkway, Suite 101, Austin, TX 78756–3331; Email: sefinn@mail.utexas.edu

Patient's Rorschach			
I. ^1. I see a bat	<i>seeks external direction</i> Is that what you want?	<i>blackness</i> (Bat?) It's black, the wings, like it's on display <i>passivity</i> <i>sense of being examined</i>	WF ₀ C' AP
^2. Perhaps a mask	<i>Tentative Possible false-self features</i> Should I continue? (Up to you)	(Mask?) Two white areas are eyes and it has the shape of a face.	W(s)F ₀ Mask <i>space response</i>
^3. An x-ray, perhaps the pelvis	<i>Looks to the outside</i> Again, being examined	(X-ray?) Looks like bone structure and the shades of grey and black.	WFC' X-ray w+
II. ^1. Area in the middle looks like a lamp		(Lamp?) The shape of it	DSF + Obj <i>space response emptiness</i>

FIGURE 1.—Excerpt from Appendix B in Lerner (2005b).

forefront of one's mind and later material serves to correct, refine, and expand the model" (p. 157).

As you can see, this way of approaching psychological testing is highly similar to what Fischer (2000) called the hermeneutic tradition underlying her collaborative, individualized assessment. To quote Fischer (2000), the assessor develops

his or her understanding by circling repeatedly from an observation back to context or to larger prior comprehensions, then back again to observation. . . . The hermeneutic quest moves repeatedly among the presented issue, the client in front of the assessor, theories of development and personality, research studies, statistical norms, the client's history, diagnostic traditions, previous clients, and the assessor's own life. . . . Eventually the assessor—and in collaborative assessment, the assessor and the client—reaches useful, coherent understandings of the presented material. (p. 13)

I present this quotation to highlight how collaborative psychological assessment extends the Mayman-Schachtel-Lerner tradition of test interpretation to include one more element—the involvement of the client in fine tuning the assessor's empathy. This leads me to discuss another way of thinking of empathy: as an intersubjective process involving both client and assessor.

Empathy as a Two-Person Process

If one thinks of empathy as a two-person process rather than as an activity of the clinician alone, I believe one achieves a richer understanding of the assessment process that helps explain otherwise puzzling events. For example, in the article I mentioned earlier, "Red Beavers and Building Bridges, . . ." Lerner (2005b) described the young woman's approach to the assessment sessions as follows:

She was highly cooperative in the sense of fulfilling all that was asked of her but initiated little. My feeling was one of having a dance partner who faithfully followed my lead but had minimal interest in whom she was dancing with. (p. 272)

Nevertheless, Lerner (2005b) later commented

Despite her insulated and aloof manner, the patient produced a rich and revealing [Rorschach] record, one filled with considerable pain and dysphoric affect. I understood this discrepancy between presentation and test record as her desire, at some level, to tell her story and be listened to. (p. 272)

Could it be that the Lerner's ability to understand this woman's inner world came not only from his ability to "feel into" her subjective world through her test responses but also from her underlying desire to be understood and to communicate to him through symbolic language and images? If so, shouldn't her efforts also be recognized as furthering the process of empathy? This conceptualization of empathy as an intersubjective phenomenon has helped me understand something I've observed in Therapeutic Assessment. At the beginning of an evaluation, I gather questions from clients that they hope to answer from our work together (Finn, 2007). It has long struck me that after these questions are agreed on and put in writing, clients then seem to go out of their way to provide me with the information I need to help answer them.

For example, recently a woman asked for help understanding why she always worried that her husband would leave her, although there were no indications that he ever thought about this. In the next session, without my bidding, she brought a small scrapbook to show me of photographs from her childhood and adolescence. As we looked at pictures from her teenage years, I learned that she had been deeply in love with her first boyfriend at age 15 but that he had been killed suddenly in a car accident when she was 16. I commented on how painful this must have been for her, and she surprised herself by breaking down in tears over something, she told me, she thought she had "gotten over years ago." It didn't take us long to consider whether there was a connection between her boyfriend's death and her fears of losing her husband, a theory she assured me that she did not have consciously in mind when she decided to bring the scrapbook to show me.

The interpersonal process of empathic understanding is even more evident in collaborative assessment—as Fischer (2000) alluded—when one discusses first-order inferences from testing with clients. For example, the following interchange took place between me and a 15-year-old girl regarding her first response to Card 1 of the Rorschach, "a cat's face." You should know that the girl's parents had asked, "Why doesn't Amy come to us when she's in trouble? Why won't she let us help her?":

Steve: Do cats have any special meaning for you?

Amy: Yes. I'm a cat inside

S: In what way?

A: I'm really self-sufficient and aloof. And I only relate to people when I want to, not when they want.

S: Is that because you distrust people?

A: Not really. I just don't need them. Cats aren't like dogs—they don't seek constant affection and praise. They just need you to feed them, and not even that if they can go outside and catch birds. . . . My cat Buster is like that, although sometimes he likes to sit in my lap, especially when it's cold.

S: And do you occasionally like some affection too?

A: Yes, but only on my own terms. My mother always wants to hug me, but it's really to make *her* feel better. It doesn't really have anything to do with me. So I usually push her away.

You can see through this interchange how I was using my empathy to try to “get in Amy's shoes,” and she was at the same time tracking me and giving me information to help me understand her inner world better. I believe that recognizing the interpersonal aspects of such a process lets us be less anxious about our role as an assessor. It is no longer our sole job to understand clients' test productions in isolation; we can count on them also to contribute to our empathic understandings.

Empathy as a Healing Element in Human Interactions

Finally, I return to Kohut (1982) in discussing a final view of empathy—that is, as a powerful healing element in human interactions. Kohut spent 25 years stressing that empathy was “an information-collecting, data-gathering activity” that could be “right or wrong, in the service of compassion or hostility, pursued slowly and ploddingly or ‘intuitively’” and is “never by itself supportive or therapeutic” (1982, p. 397). Kohut did this, I believe, to distinguish his scientific use of the word *empathy* from the lay use of the term in which one often means it as a synonym for *sympathy* or *compassion*. What is lesser known, however, is that in the final paper he would write, and which was delivered posthumously by his son, Kohut stated

Even though everything I have said up to now remains fully valid . . . I must now, unfortunately, add that empathy per se, the mere presence of empathy, has also a beneficial, in a broad sense, a therapeutic effect—both in the clinical setting and in human life, in general. (Kohut, 1982, p. 397)

Kohut (1982) went on to detail specific evidence for this assertion, including his observation that it is the “empathic milieu” in which most of people live that keeps them “psychologically alive” (p. 398). Kohut (1982) contrasted this to the “impersonal, dehumanized extermination” experienced by prisoners in Nazi concentration camps, saying this was much more psychologically destructive than an experience of “impassioned, hate-motivated killing” would have been (p. 398).

As evidence of the healing power of empathy, I'd like to quote from another published case of Lerner's (2005a) titled “On Developing a Clinical Sense of Self.” In this article, Lerner wrote about his assessment and later treatment of a 20-year-old man who was the son of one of Lerner's favorite psychoanalytic teachers. The young man was intelligent but lacked direction in his life, which concerned his parents. Although gratified that an esteemed and much loved mentor had referred a son to him for treatment, Lerner soon found that he could not stop thinking during therapy sessions about how his teacher would evaluate his various interventions. Recognizing that this was hampering his work and that he had to do something about it, Lerner (2005a)

also had an empathic insight that his own experience might be close to that of his patient:

In an empathic, yet straightforward way, I said to the patient that I, not he, had unwittingly allowed his father into the treatment setting and that it was affecting our relationship and my capacity to be with him. I then wondered if he too had permitted his father's shadow to enter into too many aspects of his life.

The patient leaped out of his chair, rushed over to me, shook my hand, and then returned and sat back down. With a passion and intensity he had never displayed with me previously, he blurted out, “Way to go Doc, you finally got it.” He went on to explain that his inability to get away from, or least quiet, his internal father had been a problem for him throughout his life. As he experienced it, his beliefs, values, and aspirations, his choices, were never fully his own. In words that were remarkably close to my own experience, he described his ever present need to secure his dad's approval, his attempts to live to his father's standards, and his feeling obliged to fulfill his father's dreams for him. (p. 22)

Lerner (2005a) wrote that after this event, the treatment “literally took off,” and that in the ensuing months, both he and the client developed a firmer sense of self. Surely this is an example of what Kohut (1982) meant in his last article that in the context of Lerner's powerful empathy, this young man flourished and found direction, and at the same time, Lerner found his own analytic voice. In his discussion of the case, Lerner (2005a) wrote about one of the things he learned: “Interpretation had been held up as the most basic and most essential analytic tool. Yet, for me, what felt even more basic and more essential was empathy” (p. 23).

This idea, that empathy itself has healing potential, is one of the principles underlying my own work on Therapeutic Assessment. I have long believed that people all have a longing to be seen, deeply understood, and accepted for who they are. When we as clinicians are able to provide this kind of experience to our assessment clients, they, as well as we, benefit immensely. Over the years, numerous clients have told me how life changing it was for them that I “got in their shoes” during a therapeutic assessment. Also, as in the instance of the young man Lerner treated, I have witnessed many of these individuals go on to take developmental leaps following such an experience.

Finally, I have written elsewhere about the ways I have grown as a person by being able to share, in a deep way, clients' inner worlds (Finn, 2005). I continue to believe that when clients are vulnerable with us during a psychological assessment, thereby allowing us to “feel our way into” what it is like to be them, they give us an amazing gift. In this way, we get a chance to “live many lives,” discover aspects of ourselves we might otherwise never have encountered, and deepen our compassion. In Lerner's case, his work with his teacher's son helped him solidify his identity as an analyst and discover what he thought was healing in clinical interactions (as opposed to what he had been taught). In my own assessment work, I have had to confront aspects of my own defensive operations and have seen similarities between myself and various groups of individuals who make me “flinch.” In doing so, I have learned experientially the truth of Sullivan's (1953) elegant postulate that we are all “much more simply human than otherwise” (p. 32).

SUMMARY AND CONCLUSION

In summary, I have outlined three related definitions of empathy in psychological assessment: (a) Empathy is a tool for gathering information and understanding the subjective world of our clients, (b) empathy is an intersubjective process in which clients and assessors help each other name and verbalize important aspects of the clients' experience, and (c) empathy is a healing element in human interactions that keeps us psychologically alive and growing.

All three aspects of empathy were strongly present in Paul Lerner, the man, and are clearly evident—as I have shown—in his written work. Lerner was an extraordinary clinician, thinker, teacher, and colleague, and his amazing capacity for empathy was part of what made him so special. I feel lucky to have benefited personally from Lerner's empathy; I consulted with him on more than one occasion about difficult assessment cases, and he was instrumental in my understanding one therapeutic assessment that failed (Finn, 2004). Paul Lerner affected me and my work profoundly and helped me find my own heart. I will be forever grateful to have known him.

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