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## Theoretical Research

### Semiotics and the Technique of Empathy

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*The subject of this research is one of the basic units of the psychotechnical theory of psychotherapy developed by this author, “experiencing of empathy.” The structure of empathy is analyzed as a communicative act by a therapist. This structure includes a number of elements—an operator of understanding, a mode of experiencing, a sign of experiencing, and so forth. The possibilities are considered for modifying empathic responses and the functions of these modifications in the psychotherapeutic process. Special attention is paid to semiotic and expressive aspects of empathy.* 10

**Keywords:** *experiencing, empathy, coexperiencing psychotherapy, psychotechnical unit, expressiveness of therapist* 15

This is the third of a series of articles describing the “technological alphabet” of “Understanding Psychotherapy”\* [2]. In the first, “Levels of Experiencing and Methods of Psychological 20

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Translated by Susan Welsh.

Assistance” [4], the client’s activity during a consultation was viewed as an unfolding of experiencing on four levels. The reciprocal process of “therapeutic coexperiencing” enters in at all levels of the cooperative relationship, making it possible to open things up and generate productive, creative lines of experiencing. In this coexperienced dialogic process of *experiencing-coexperiencing*, we can identify the following basic units: “awareness—apprehension,” “immediate experiencing—empathy,” “reflection—maieutics,” and “unconscious—interpretation.” In each of these, the “left” pole is one of the levels of the work of *experiencing*, and the “right” pole is one of the methods of the work of *coexperiencing*. The second article, “Semiotics of the Psychotherapeutic Situation and the Psychotechnics of Understanding” [3], analyzed the first of these units, “awareness—apprehension.” The subject of the present article is the psychotechnical unit “experiencing—empathy.” We will focus on the “right” pole, the “procedural” one: empathy.

The inclusion of the object of analysis in such a general formulation makes it possible to change the traditional logic of presentation—from a general theoretical overview of the topic to a particular scientific problem and then to practical applications [5, 6, 16]. We, however, immediately plunge into analysis of the technical aspects of empathy as a psychotherapeutic act, in the hope that such an “engineering” approach in itself will necessitate formulation of and deliberation on scientific problems of general psychology. From the “how” of empathy to its “why”: That is the tactic of our research. Therefore, the main materials for analysis are the empathic responses of the therapist, their possible variations and functions in the psychotherapeutic process.

The structure of the empathic response includes the following main elements: (1) operator of understanding, (2) persona, (3) empathic sign, and (4) the Other. The empathic sign is in turn subdivided into the mode of experiencing, the designation of experiencing, the object of experiencing, and the connection of the experiencing with the object. Let us represent this structure in a tabular form (see Table 1), with an illustrative, empathic response of the therapist (1).<sup>1</sup>

Table 1

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**Structure of the Therapist's Empathic Responses**

Operator of understanding	Persona	Empathic sign					The Other
		Mode of experiencing	Experiencing	Connection	Object		
(1) Do I understand correctly that	you as a father	Feel	guilty	for	your failure to act	with regard to your son	

Each of the structural elements of the empathic response can be varied, thereby changing the overall meaning of the empathic response. We shall examine each element of the proposed structure, its possible variations and psychological functions in the therapeutic process. 60

**Operator of understanding**

The operator of understanding (i.e., the words “did I understand you correctly,” “did I understand,” etc.) performs various functions in relation to the different figures of the psychotherapeutic situation. In relation to *the client*, the function of the operator of understanding is the “communication” to him that it is he who is the initiating subject of the therapeutic process, who is taking responsibility to clarify and solve a problem. In relation to *the therapist*, the operator of understanding has an important function of dialogic kenosis, diminishing of the self; it preventively limits the motive of omniscience, omnipotence, and so forth, blocking advice, instructions, recommendations, the assembly of an anamnesis, and other actions that are inappropriate to the spirit of any nondirective psychotherapy. Finally, the influence of the operator of understanding on the *therapeutic relationship* is in this role-structuring, such that the therapist takes a secondary position as a coexperiencing 65 Q2 70 75

listener, the dialogic “You,” in relation to whom the client 80  
acquires the dignity of the dialogic “I” and the status of the author  
of the narrative (and not one of the prototypes or characters of  
his story).

## Persona

The persona is a representative of the patient or perhaps his 85  
hypostasis in the scene that is “depicted” by the therapist—  
the main character of this scene. This structural element is  
inherent in all the psychological units. In an empathic response,  
the persona is assigned the status of a conveyor of experiencing.

The following therapeutic effects are achieved through use of 90  
this element:

- a. The aspect of personal existence is revealed (in example  
[1], fatherhood), in which these emotions and experien- 95  
cings arise (in the same response, guilt), which is important  
for understanding the patient;
- b. The experiencing is localized, linking it to a specific  
sphere of life and specific life relationships, which leads to  
overcoming the individual’s neurotic identification with 100  
one part of himself and contributes to preventing a  
generalization of affect;
- c. Conditions develop for unblocking and actualizing the  
patient’s authorial “I,” which may then become a subject  
of active, creative mastery of the situation; and
- d. Comfortable therapeutic options are created for a 105  
psychodramatic unfolding of the psychotherapeutic  
process.

The following variants of the persona are options, as elements  
of therapeutic responses:

**Pronoun.** In practice this is the most common form: 110

(2)...<sup>2</sup> *Do you feel offended that you have been put in this  
position?*

It is perfectly acceptable to use not only the second person, but also the first—either singular or plural. For example: 115

(3) . . . *In a situation like this, we feel offended, don't we?*

A response like this, compared to (2), leads to some kind of generalization of a unique situation: first, the conceptual emphasis shifts from the experiencing of offense in this particular situation to a natural connection between “a situation like this” and “experiencing like this,” and second, this experiencing is viewed not only as a matter of personal pique, but as a reaction that is common to “*us*” in such a situation.<sup>3</sup> 120

The use of the first person singular is also an option: In that case, the therapist inserts himself into the client's narrative, speaking as if on behalf of the client, maybe partly “dramatizing” the therapeutic dialogue: 125

(4) *One wants to exclaim at a moment like that, “For me it is certainly offensive!” Right?* 130

**Impersonal form.** The “persona” element may be absent altogether in an empathic response, as there is no subject in an impersonal sentence: 135

(5) . . . *Especially painful not to feel needed by anybody?*

**Social role.** A persona may be represented by any social role, establishing the patient's position in the relationships that were the source of this experiencing: 140

(6) *Do I understand correctly that you, as a mother (director, citizen, extraterrestrial being, etc.), are concerned that . . .*

Selection of a particular role may follow from the empirical situation that the patient is describing, and may be the result of an aesthetic and semantic analysis of his story; in this case, the role of a persona becomes **metaphorical** in character: 145

(7) *Like the **knight** at the crossroads, you have been gripped by profound doubts about your future path.*

**“Organ.”**

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In an empathic response, the role of the persona may be played by an organ of the body:

(8) *Is your **heart** aching?*

Such reference to a psychological “organ” sounds quite natural in the therapeutic situation and makes it possible to involve in the process the whole anatomy of the “inner person”—*heart, soul, conscience, character*, and so forth. It does not have to be an “internal” organ, but could also be *hands, tongue, or feet*:

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(9) *Are you just sitting on your **hands** at work?*

**Function.** This variation is related to the previous one, partly merging with it. Here *memory, thinking, attention*, and other mental functions become the persona (“It makes us boil over with indignation”).

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**Quality.** These examples of the persona may be close both to the social role and the psychological organ. The emphasis is on some quality, characteristic, property, or trait of the person’s character, which essentially determines the feeling attributed to him by the empathic response:

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(10) *You as a **responsible person** are really outraged by this mess.*

**Rhetorical expressions.** *Everyone, people, nobody, somebody*, and other figures of speech that erase individual features can also sometimes perform the function of a persona in the therapeutic response:

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(11) *You say to yourself: **Anyone** in a situation like that would be jealous.*

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This form suggests a particular class with which the client compares himself (or counterposes himself), which may facilitate the process of self-identification.

**Object.** Another possibility is the patient's metonymic substitution of an object from his life-world, to which are attributed the feelings of the person himself or corresponding feelings. Above we had response (9), *just sitting on your hands at work*, but it might be more appropriate to mirror the situation: 185

(12) *Perhaps this unfinished painting has been languishing for a long time, awaiting your brush?* 190

The use of the structural element of a "persona" is not aesthetic violence by the therapist against the patient's mind by something deliberate and alien to him. After all, the same form is used by the person himself for self-description: 195

"*I had to endure many things, yield in much, not see a lot,*" Liza complains in Pushkin's "Novel in Letters," "*while my **pride** diligently noted the slightest hint of neglect.*"

### **Empathic sign**

The empathic sign is a signifier for the client's experiencing, which acts as the signified. The empathic sign includes, as already mentioned, four structural elements—the mode of experiencing, the designation of experiencing, the object of experiencing, and the connection of experiencing with the object. 200

### **Mode of experiencing** 205

The mode of experiencing is a supporting element of the empathic response, which indicates (a) the specific way that the patient undergoes the experiencing described, (b) qualitative, and (c) quantitative characteristics of that experiencing (cf. [13]).

If the above-cited response: 210

(1) *Do I understand correctly that you as a father **feel** guilty for your failure to act with regard to your son?*

is edited like this:

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(13)... *You as a father are overwhelmed by a huge, oppressive feeling of guilt...*,

then (a) the way of undergoing the experiencing will be expressed by the word “overwhelmed”; (b) there is a qualitative characteristic—the word “oppressive”; and (c) a quantitative one—the word “huge.” 220

a. *Way of undergoing the experiencing.* A feeling may simply be felt, or it may pervade, encompass, touch upon, penetrate, and so forth. Precise, sensitive reflection of specific ways of experiencing in an empathic response by the therapist occurs through almost corporeal entry into the life-world of the client. This may be more significant for deepening contact and promoting the therapeutic process than a precise reflection on the experiencing itself. 225 230

b. *The qualitative aspect* of the mode of experiencing is expressed in the most diverse epithets—“bright sadness,” “stupid alarm,” “giddy delight,” and so forth. This aspect is capable of representing both the sensory modality of experiencing, thus sticking to the way of undergoing the experiencing (e.g., bright sadness—an optical modality), and the patient’s attitude to his experiencing (stupid anxiety—discontent with one’s feelings). 235 240

c. *The quantitative aspect.* An example from a consultation by Carl Rogers:

(14) *You experience horrible tension about this* [12, p. 554].

The quantitative aspect of the mode of experiencing “measures” the degree of various characteristics of experiencing, such as: 245

- the strength of the emotional experiencing (*acute* pain, *mild* agitation, *terrible* tension);
- evaluation of the possibility/impossibility of the patient’s controlling his feeling (unrestrained rage), enduring a situation 250



(unbearable boredom), identifying a particular experiencing (barely noticeable shadow of doubt), expressing his (inexpressible sadness), and so forth; and

- breadth of the experiencing in the patient's life space (*total* bewilderment, *general* depressed mood).

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The psychotechnical meaning of this parameter of the empathic response is that it enables patients to produce a "subjective scaling" of their experiencing. The psychotherapeutic function of this scaling is to increase their personal knowledge and acceptance, in general to take "ownership" of their experiencing. For example, if a patient hears even the most pessimistic "empathic hypothesis" from the psychotherapist:

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(15) *I understand what you feel completely hopeless, Henry*  
[8, p. 158]

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and will not correct it in a more optimistic way ("Well, 'completely' is an exaggeration! I do have a chance"), but rather agrees with the therapist's hypothesis, then psychotherapeutic experience shows that this does not lead him to a state of despair during the session, but, paradoxically, to greater feelings of confidence. The second important psychotherapeutic function of the quantitative aspect of an empathic response is consistency between therapist and patient regarding the intensity of emotion, which is important for the therapeutic alliance.

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Thus, the mode of experiencing, though secondary, is still an important psychotechnical instrument that enables fine-tuning of empathic responses.

### ***Experiencing***

Experiencing, or more precisely, "the designation of experiencing," is a central component of empathic responses. Sometimes the complete structure of the therapist's phrases is reduced to one item, which remains nevertheless a fully empathic act.

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(16) *My son is going into the army soon, and just look at what's going on . . .* 285  
 “You’re worried . . .”

So long as, in the empathic response, sign-oriented relationships are established between the patient’s experiencing and the therapist’s statement, it becomes possible to differentiate among the various semiotic aspects of empathy: the indicative, 290  
 nominative, significative, and expressive [4].

### *Indicative aspect*

In example (16), the patient is directed externally and into the future; her thoughts tend toward imaginary scenes in which her son is in danger. The therapist’s response points to a different 295  
 object: the internal and the present, her “current experiencing” [12, p. 205] of worrying.

This is extremely important for psychotherapy in general, the shift from external to internal, transferring a person’s attention to himself, to his own soul.<sup>4</sup> An empathic response, therefore, does 300  
 not simply identify what is present, but also aims to direct the patient’s attention—in an inviting way, not giving orders, but nevertheless steering the conversation.

In addition to the shift of attention toward the internal, which is “strategic” for the success of therapy, the indicative therapeutic 305  
 function of empathy is to help the client focus on what is essential. The client entangles himself in his own long, incoherent story, and then empathy, pointing to a definite emotional center, the core of all his experiencing, allows him to better order his 310  
 mind.

### *Nominative aspect*

Through an empathic response, the experiencing receives a name. It is difficult to overestimate the significance of “naming the name.” The discovery of “one’s own” name for the experiencing is actually a poetic task, in which there is absolutely 315

no arbitrariness: A person “unconsciously knows” the named reality and displays a subtle sensitivity, sometimes even some lexical capriciousness, until the true name of this experiencing is found:

A man in an encounter group has been making vaguely negative statements about his father. The facilitator says, “It sounds as though you might be angry at your father.” He replies, “No, I don’t think so.” “Possibly dissatisfied with him?” “Well, yes, perhaps” (said rather doubtfully). “Maybe you’re disappointed in him.” Quickly the man responds, “That’s it! I am disappointed that he’s not a strong person. I think I’ve always been disappointed in him ever since I was a boy.” [17, p. 3]

What is the impact of empathic nomination on processes and relationships that are important for psychotherapy? Even if we are talking about quite sad feelings, the moment of recognition of the name is a joyous one, often accompanied by a characteristic sigh of relief, as if some kind of unexpressed burden, an unnamed feeling, had long held the muscles and glands tight, and now one can sigh with relief, entrusting the feeling to this strong, pithy word, which contains in itself all this feeling with nothing left over. It is as though the name frees the body, releases it from the burden of feelings, and gives it a newborn feeling of personal dignity.

This event always gives a new impetus to the holistic process of experiencing, as if by expanding one of the channels of this process, the channel of direct experiencing.

In addition to stimulating the dynamics of experiencing, there is an increase in the personal dimension and the status of this process; it takes on an authorial, creative nature. Before the naming occurred, the personality did not separate itself from experiencing; after naming there appears a differentiation between the I and the experiencing, the possibility of an attitude of the “I” toward experiencing. Before the naming, the person is alienated from his feeling; after the naming and because of it he recognizes that his feeling belongs to him, that he has ownership rights over it, so the degree of his freedom in relation to the feeling increases.

It is important to note the significance of the dialogic aspects of symbolization. Obtaining immediate experiencing of the name in a dialogue with an Other signifies social recognition of sensibilities that are meaningful to the person, giving him a salutary feeling of rights in the situation in which he finds himself, and confirming the reality and significance of his inner life. The dialogic recognition of the reality of feelings is not at all equivalent to solidarity with the mindset expressed, and even the patient himself does not necessarily agree with it. The therapist may specifically emphasize the distinction between the personality and what it is experiencing, responding to a feeling about a feeling:

(17) . . . *You are really sad, what has evoked such **petty jealousy and annoyance?***

Another important result for the therapeutic process is changing the quality of the therapeutic relations that occur while searching for and finding the true name for experiencing. These moments are accompanied by the joy of creative association and mutual understanding. This is not only about improving the emotional contact between therapist and patient, but also about improving the quality of their synergetic contact, the therapeutic alliance. There is the joy of emotional convergence, but there is another joy in the association in a common cause, in harmonious coherence of action; it is the joy of complementarity, joint participation, working together. O.V. Shvedovskii [15] introduced the term “contact personality” to describe the nascent therapeutic relations of the joint “We.” By analogy, it would be possible to introduce the concept of “alliance personality,” referring not to the connection of therapist and client as participants in an “I–You” relationship, but their “creative association” as *colleagues* in joint authorship of psychotherapeutic action.

### *Significative aspect*

Empathy gives experiencing not only a name but also a meaning. Meaning is an instrument of thought, and the signification of

experiencing is that it allows the patient to improve the quality, soundness, and productivity of his thinking in a crisis, which is often accompanied by cognitive dysfunction [14].

The full signification of experiencing allows the formation of a special functional organ, which could be called “experiential thinking”: here thought and emotion are combined, reinforcing one another. 390

The main mission of the activity of experiencing is resolution of “the problem of meaning” [9]. There are two sides to this. The first side is that the work of experiencing must result in a new life-meaning—a *meaning-path*, a *meaning-bulwark* of being. No less important, however, is the second side, the search for *meaning-truth*, semantic knowledge of existential reality. Only by taking a symbolic form can experiencing become a guide for the individual with respect to knowledge of his real motives and values [1, 9]. 395 400

In the first stages of mastering the technique of empathy, we observe a characteristic error: the perception of this process as a kind of “Guess the Emotion” game. This perception is triply false: first, because it sees in experiencing not something unique [11], but a standard element from a list; second, because it conceives of experiencing as something static, rather than dynamically changing; and third, because it considers therapeutic relationships as competition, not cocreation. 405 410

In the psychotherapeutic art there are no rehearsals or rough drafts, so initial inaccuracy in the empathic designation of experiencing is not only inevitable, but may be more “beneficial” for development of the therapeutic process than “hitting the bull’s-eye” [11, pp. 119–20]. We could propose the concept of “optimum lack of understanding” to describe that semantic distance between the experiencing and the designation found by the therapist that best promotes both the unfolding of the patient’s own authorial, poetic attitude and the emergence of a fully creative therapeutic alliance. 415 420

Analysis of empathic signification, as just mentioned, must consider empathy and experiencing not statically, but dynamically [10, 17]. However, this dynamism is usually thought of only in

functional terms and not developmentally. Experiencing does not simply flow; it grows, branches out, develops, and builds. Therefore, it is useful to introduce the idea of a *zone of proximal development of experiencing*.<sup>5</sup> An agonizing experience that the patient previously could not bear to undergo independently is internally transformed now, in an atmosphere of empathic communication, enriched with symbolically fully significant, mediating the process of experiencing. And the result is not only the fact of coping with a crisis but also the development of experiencing as a higher mental function, the development of cultural experiencing.

#### *Expressive aspect*

The expressive aspect of empathy is a large subject, and in the scope of this article we can only give an outline of it.

A. *The client's expressiveness*. The client is not only experiencing something; he also *expresses* his experiencing in the therapeutic session in a variety of ways—conscious and unconscious, verbal, paraverbal, and behavioral (vocabulary, intonation, volume and timbre of speech, sighs, gestures, postures, facial expressions, clothing, tardiness, etc.). The therapist gives his empathic response to the experiencing itself as well as to the manner in which it is expressed and the relationship between the two, as well as the relationship of the individual to the experiencing and its expression.

Here are the simplest examples of these types of empathy. The therapist might refer directly to the experiencing itself:

(18)... *You **get angry**, when ...*

In another case, his empathic reply can identify the anger expressed in a physical reaction, without naming the feeling itself:

(19)... *You **clench your fists** when ...*

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In the third example, his empathic reply combines the experiencing itself and the expression of it:

(20) . . . *You are so **angry** that you even **clench your fists** . . .* 460

Phrases of this type set meaningful semiotic relations between experiencing and expression. In this example, the expression becomes an indicator of the intensity of the experienced feelings.

However, more often the therapeutic process has to deal with more complex, implicit, mediated, or incongruent relationships between experiencing and expressing, when the expression addresses multiple conflicting purposes at once. The patient's statements may express a mixture of credulous acceptance and childish naiveté as well as a "mature," ironic attitude toward this feeling, and a degree of aggressiveness toward the therapist, intended as an assertion of independence, so that the therapist has to solve the difficult task of choosing the principal subject for an empathic response or configuring in this response a number of interrelated experiencings simultaneously. 465 470

*B. The therapist's expressiveness.* The therapist's empathic response not only characterizes something, but at the same time expresses something. Here we should highlight three major issues: the *content*, the *perspective*, and the *forms* of the therapist's expressiveness. 475

The patient's experiencing is expressed by empathy of "classic" *content*. It is perceived from the "classic" *perspective*, which could be called "as if by identification," when the therapist leaves his own life-world for a time, and inhabits the life-world of the client, almost completely merging his own view of that world with the client's "I" [17]. The "classic" *form* of expression is a serious, realistic, prosaic designation of experiencing. 480 485

However, we are not limited to a "classic" approach. All three key points of empathic expression can be problematized.

*Content.* The main content expressed in empathy is always about some kind of experiencing, but it is not always the experiencing that the "I" of the client conveys. The content of an empathic expression might include: (a) experiencing by the 490



client, his subpersonalities, or other important figures of his life-world; (b) the fact of and the client's means of expression of this experiencing; (c) his personal attitude toward the experiencing 495 itself and to its expression, also at the "pole" of the therapist; (d) direct "coexperiencing" by the therapist (in the sense of T.P. Gavrilova [5]); (e) the therapist's "sympathy" [5], that is, his reaction to the client's experiencing; (f) his attitude toward the client, toward the whole therapeutic situation, toward himself in 500 the therapeutic situation; and finally (g) his moods and feelings, not directly related to the therapeutic situation.

Having breathed in the "air" of all these sources simultaneously, the therapist listens attentively to this "cloud" of mental and emotional material and "brings forth" from it an 505 empathic form.

The variety of content with which the therapeutic expression is imbued creates a danger of clumping them all into one "conglomerate." The therapist has to develop a mindset that can clearly differentiate among the sources of the content, so that they 510 are all represented in the empathic reply as a microproduction of sorts, "inseparably, but also distinctly." E.T. Gendlin [7] formulated three principles of the therapist's expressiveness that contribute to achieving this goal: "unobtrusiveness," "introspection," and "pure simplicity." 515

*Perspective.* Empathic expressiveness is determined not only by how the "content" is expressed but also by the therapist's perspective.

In "classical" Rogerian empathy, the therapist is almost fully aligned with the client's attitude in the latter's life-world. This 520 conception of an empathic attitude can be problematized with the aim of identifying its internal structure and detecting other "nonclassical" variants. Here are the main points of this problematization:

- a. *Internal–external.* The figure of an empathic Observer [4] 525 may be transferred into the life-world of the client, but may also "remain in place" in the life-world of the therapist, who surrounds himself with "the circumstances



presented by the client.” These are the two extreme poles 530  
between which intermediate options are possible, combin-  
ing these positions of observation in different proportions.  
The next response gives an example of such a  
combination:

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(21) *You are talking about it and even now you are sitting  
here looking at me as though you were in complete  
bewilderment and confusion.*

- b. *Place.* Entering the client’s life-world, the therapist does  
not have to merge his own vantage point with the “I” of 540  
the client. As we have seen, the client’s life-world can  
encompass a number of perspectives, subpersonalities, and  
figures, which the client himself is willing to accept as his  
own, and, accordingly, the therapist is permitted to select  
one of these points of view. 545

- c. *Distance.* The therapist may be emotionally immersed in  
the experiencing that is expressed in his response (like an  
actor in Stanislavsky’s theater), or may instead be  
removed from it in a more “Brechtian” manner.

- d. *Role.* Roles may be very differently defined: a companion 550  
who shares a part of his path through life with the client, a  
tactful guest, a guide, a trusted friend, a mocker, a  
dispassionate chronicler, a witness, and so forth.

- e. *“Rostrum.”* A “vantage point” is one thing, but a 555  
“rostrum” is quite another, that is, a position not for  
perceiving but for expressing the perceived experiencing.  
Here the therapist has at his disposal a number of  
structural and poetic perspectives (author, lyric hero,  
character, editor, etc.), and a number of social or family  
perspectives (doctor, teacher, philosopher, father, mother, 560  
grandmother, etc.). Here is an example of empathy from a  
doctor’s perspective:

(22) *Do I understand correctly that this stress in the family  
has caused you extreme depression and asthenia, that you 565  
feel dispirited and exhausted?*

This problematization of an empathic perspective allows us to introduce the concept of “compositional structure of empathy.” Compositional analysis shows that there is a multidimensional space of the types of empathy. “Classic” empathy is only one point in this space, one of a multitude of compositions, as Euclidean geometry is only one of the possible geometries. 570

*Form.* Each variety of the compositional structure of empathy specifies and requires a certain style of expression, genre, vocabulary, word, a particular aesthetic system. 575

a. *Linguistic means of expression:* phonetic, morphological, lexical, and so forth. For example, from the last of these: the choice of synonyms and antonyms, dialect words, slang, and so forth helps to achieve a precise expression of the shadings and strength of a feeling (worried—afraid—terrified), as well as expression of one’s attitude toward it (“with his tail between his legs”). 580

b. *Paralinguistic means*—volume, rhythm, timbre of speech, pauses, facial expressions, gestures, sighing, sniffing, and coughing—all can be used for empathic expression. It is not a question of the therapist specially cultivating theatricality, but of congruous and relevant expressiveness. The value of naturalness and expressive restraint, characteristic of the Rogerian style of classic empathy, is not the only option. For example, the psychotherapeutic art of A. Mindell includes deliberately exaggerated expression, sometimes closer in style to clowning. This not only does not prevent warm and sensitive empathy, but it creates an atmosphere laced with both humor and sadness, buffoonery and philosophy, in which the patient discovers in himself hitherto untapped healing potentials of expressiveness. 585 590 595

c. *Poetic means*—the use of figures of speech, various tropes, particularly similes and metaphors (*a downtrodden horse*—about fatigue, *a desert*—about loneliness, etc.), for expression of the patient’s experiencing. Experiencing can also be described by different genres—lyrics, epics, jokes, 600

detective stories, medical or scientific discourse. The psychotherapist may use allusions or quotations; he can *identify* himself with the authorial perspective in a particular genre (not noticing that he is “speaking in prose” and taking, for example, the pose of a romantic hero), and can *play* a typical genre role, while emphatically distancing himself from it. For example, addressing a patient who has already passed through the acute phase of grief, a therapist can seriously say:

(23) *I understand that from time to time you feel the pain receding and your sorrow becomes something else—“my sorrow is light.”\**

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In another case, by contrast, the therapist uses an ironic tone to distance himself as a person from the orator reciting a genre text. For example, to a mischievous teenager anxiously awaiting punishment, the school psychologist says with an exaggerated “epic” tone:

(24) *You’re thinking: Oh dear, now I’m done for!*

### ***Object and connection***

Although the central element, the “king” of the empathic reply, is description of the experiencing itself, the art of rigorous empathy is also determined by nuances of how *the objective situation* of experiencing is described: the retinue plays the role of the king, and is often more expressive than the king himself.

And while the *copula* between the experiencing and the object seems like quite a modest element, it can greatly influence the direction of the patient’s internal work. Let us say that in example (1) we make a minimal change, replacing the preposition “for” with “because”:

(25) *Do I understand correctly that you as a father **feel** guilty because of your failure to act with regard to your son?*

then the patient's experiencing will be "offered" a completely different directionality. "Because" prepares the patient's mind for analysis, examination, and clarification of the reasons he feels guilty. But "for" in this context rather identifies and articulates the dialogic and penitential notes in the client's experiencing (*apologizing for something*). 640

With the same nomenclature for experiencing, the therapist can highlight different objects of experiencing. For example, to the client's complaint, "I was really sick of my job.... These newspaper deliveries up to 2:00 in the morning are wearing me out, and, most important, you already know everything in advance—what kind of trouble is waiting for you," the therapist can respond with understanding for the patient's extreme fatigue, exhaustion, without mentioning any specific object: 645 650

(26)... *You feel exhausted...*

In another case, he can connect the exhaustion to the patient's overall situation: 655

(27)... *You feel exhausted from all of this.*

A third case identifies the objective circumstances that give rise to this situation: 660

(28)... *You feel exhausted because you have to work nights.*

In a fourth case, he ascribes the topic and the causes of exhaustion to a subjective assessment of the situation as hopeless: 665

(29)... *You feel exhausted because there is no hope that anything will change...*

The expressive possibilities for describing the situation can sometimes be enough that an empathic response does not have to mention the experiencing directly.<sup>6</sup> The therapist can react laconically to the very same response by the client: 670

(30) . . . *The same old thing, without a ray of hope . . .*

This “expressionistic” way of describing the situation in an empathic response is close to the metaphorical, but not equal to it. In a therapeutic metaphor (for example, “Like a horse in a mill, going round and round”) the client’s mind shifts to another world (the mill), which serves as an aesthetic signifier in relation to the client’s life situation. With “expressionistic” empathy, the client’s mind never leaves the context of the problem situation, but is portrayed by the therapist in such a way that it becomes obvious to the client that his feeling has been heard, understood, and the therapist is contemplating the client’s life-world from the same point of view as the client does himself. 675 680

In this “incorrect” version of empathy, where the therapist does not state a single “emotional” word, the genuine core of authentic empathy becomes especially noticeable. Despite the importance of words and empathic techniques, the essence is not words and not technique, but the therapist’s achievement of a state of special contemplativeness. The therapist is immersed in the client’s life-world, looking at things from his standpoint, seeing the world from the same point of view as the client, but . . . does not look *with his eyes*. The client’s eyes are “fogged” by passion and fear, preventing him from seeing his situation in new ways and more broadly, rather than through the narrow aperture of purpose and pain. Rogers calls the eyes of the therapist “fresh and fearless” [17, p. 4]. (You will never find a better definition of the eyes of the poet and philosopher either!) The client is hypnotized by his crisis situation, his perception, and the will of someone who is bound tightly, a prisoner. The therapist, though he stands in empathy on the same spot as does the client, “stands in freedom” (Galatians 5:1), and the gift of this freedom is a creative image of the situation and a creative vision of its spiritual center. It is this gift that gives people a chance to take a new step in the development of their experiencing. 685 690 695 700

\* \* \*

The variations indicated in this article by no means exhaust the field of possibilities that are used in the empathic work of 705

coexperiencing psychotherapy. The last element of the structure of the empathic response (“the Other”) was not considered because of its special importance: the dialogic aspects of empathy require their own, detailed analysis. 710

In addition to structural variations, there are a number of additional measurements for generating the types of therapeutic empathy. In discussing the variation of coexperiencing responses [3], we introduced the concept of *the multiplier*—a conceptual scheme that allows us to systematically expand the technical capabilities of any psychotherapeutic technique or method. Such multipliers include: the concept of the psychotherapeutic chronotope (the ability to employ empathy in the here-and-now and there-and-then modalities, appealing to different registers of the patient’s mind), the typology of life-worlds (allowing the therapist to hear and empathically respond to both infantile and realistic, value-oriented and creative aspects of experiencing), and the scheme of the structure of the therapeutic situation (empathy based on optimization of this structure). 715 720 725

Consistent description and analysis of these possibilities may not only serve the development of psychotherapeutic technique but also become a field for psychotechnical research into scientific issues of productive experiencing and creative coexperiencing. 730

## Notes

1. We number the examples of empathic responses (1), (2), (3), . . . , for ease of reference to them in the subsequent analysis.

2. For brevity, the operator of understanding will sometimes be dropped. In actual work, this mandatory element of the empathic response is often replaced by a corresponding intonation or a characteristic interjection, the meaning of which is, “Oh so that’s how it is with you! But did I feel it and express it precisely?” (This interjection is not to be confused with the famous Rogerian interjection “uh-huh,” a semantic punctuation of the process of therapeutic listening.) 735 740

3. In these and all subsequent examples, we are not “advertising” any particular variant of therapeutic response, but only describing their potentials.

4. In this shift there are many dangerous temptations—egocentrism, placing oneself in the center of the universe, morbid introspection—and psychotherapy often fails to avoid these dangers. However, we have to differentiate pathological psychologism, excessive attention to oneself, from “keeping watch over oneself” (Acts 20:28), understanding of oneself, openness to inner experience, without which man remains in a spiritually and mentally “deafened” state, unable either to hear others or to take sober, meaningful action, but rather lives automatically, on the surface of things, in semantic alienation from oneself and others. One of the vocations of psychotherapy is to give a person an opportunity to come to his senses, to awaken, to recover the semantic blood flow of his soul.

5. The author is indebted to a conversation with T.D. Kariagina for this formulation.

6. Art provides many such examples. Matsuo Basho would not tell the father who has lost a son: “What sorrow!” but: “He hung his head— / As If the whole world were overturned,— / Under the snow is bamboo.”

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