

## **The Limits of Empathy in Relationship Enhancement Therapy**

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I have always regarded the Rogerian emphasis on the vital importance of empathy to be the foundational cornerstone of Relationship Enhancement (RE), even while acknowledging that there are multiple theoretical strands and other principles and tools that have contributed to the development of RE as an integrated therapeutic and psychoeducational model. For me, it is RE's emphasis on "deep empathy," both as a tool used by the therapist and as a skill taught to and employed by couples and family members, that is one of the distinctive hallmarks of RE as a therapeutic and psychoeducational method.

What I want to explore in this essay is the paradoxical proposition that despite the centrality of empathy to RE as a method, there nonetheless are important limits to the use and application of empathy that are also worth exploring because of some of the unique circumstances and challenges that sometimes occur in therapy. Indeed, I believe that there are circumstances under which the continued use of empathy is counterproductive and that, as a consequence, there are practical limits to the employment of empathy when faced with certain limit situations that call for an alternative response. First, I will briefly summarize two key ways in which empathy plays a vital role in RE. Then I will describe two situations where the continued use of empathy runs up against its practical and even ethical limits.

The prominence of deep empathy in the therapist's tool box is reflected in the central role it plays in the specialized RE techniques of Becoming, Doublebecoming, Laundering and Troubleshooting. For our purposes here, I will focus only on Troubleshooting, where the therapist uses empathy in response to an obstacle or difficulty on the part of one of the members of a couple or family that impedes that person's ability to continue participating in the therapeutic process in the hoped for manner. The goal is for the therapist to give space to that person to express whatever difficulty he or she is experiencing, and for the therapist to continue to provide empathy until that person feels sufficiently well understood that he or she can reenter the therapeutic process constructively. Troubleshooting in the form of the therapist's use of empathy therefore is typically regarded as the appropriate therapeutic intervention when a therapist is faced with a client difficulty during the course of therapy.

We also observe the prominence of deep empathy in RE in terms of its centrality to RE's structured dialogue process, whereby couples and family members are taught to empathize with one another for the purpose of deepening mutual understanding. Structurally speaking, the integrity of the dialogue process is maintained by the rigorously applied requirement that once a dialogue has begun, neither person is permitted to express anything from his or her point of view until that person has shown understanding sufficiently well that the other person in the dialogue feels understood. Only then is a person permitted to shift from empathic mode to expressive mode in order to share one's own feelings, concerns and desires about the issue at hand.

There are two instances regarding limits to the use of empathy in RE therapy that I wish to present. The first has to do with an exception to the general rule, described above, that in response to a client obstacle in therapy the therapist is to use Troubleshooting in the form of empathy to help that individual resolve his or her obstacle so that person is enabled to reenter the therapeutic process. The second instance has to do with a special circumstance under which the normal rule that the empathizer is not permitted to shift into expressive mode until he or she has sufficiently well empathized verbally with the other person is suspended. I will illustrate both instances with reference to actual cases where these issues presented themselves during the course of therapy.

In the first instance, I had been working with a parent and the parent's adult child for the purpose of healing a major breach in their relationship revolving around a recent incident. In addition, the adult child harbored many long-standing wounds in his/her relationship with the parent. As a consequence, it often was extremely difficult for the adult child to remain empathic with the parent during their structured dialogues. In response to something the parent would say, the adult child would frequently break out of role as empathizer and begin to vehemently express feelings of outrage relating either to the presenting issue and/or the past wounds. I would empathize with the adult child's feelings, concerns and desires. Even so, s/he would often continue expressing, often in an emotionally disinhibited and intense manner, for all practical purposes hijacking the dialogue process in the sense that the parent was often effectively blocked from being able to express very much from the parent's point of view. As a consequence, a number of sessions were largely taken up with the adult child in effect expressing and either I would engage in Troubleshooting by providing empathy and/or the parent would provide empathy in the context of their dialoguing.

This pattern continued off and on for a fair number of sessions, but I persisted with Troubleshooting not simply out a theoretical commitment to following the standard RE therapist response to a client obstacle but also because I recognized that extensive empathy is what this deeply wounded adult child needed in compensation for what this person experienced as an entire life-time of not feeling understood by his/her parents. In the process, I was also providing on-going modeling of how the parent could provide better empathy to the adult child. The parent indeed did do much better over time at providing good empathy, often as a follow-up to my troubleshooting. As the adult child received more and more empathy from both me and the parent, the adult child's emotional outbursts became less frequent and less intense. In this sense, the rationale behind the importance of the use of Troubleshooting in the form of empathy proved itself exquisitely, even if it took a number of sessions for the desired effect to occur.

On the other hand, I had become all too aware that the dialogues had become much too imbalanced for far too long in terms of the parent not having had an equally fair opportunity to express things from the parent's perspective. (I addressed this imbalance explicitly with the parent in individual sessions (a) to acknowledge this reality, (b) to explain my perception that this imbalance was tactically speaking necessary given the adult child's deep historical wounds with both parents so that the adult child could begin to receive empathy from at least this one parent, and (c) to provide encouragement and support to the parent to continue providing empathy until the adult child could better tolerate a more equal distribution of expression and

empathy in their dialogues.) I therefore began to consciously shift my response to the adult child's continuing to break out of the empathic role to an alternative strategy of beginning to enforce that the adult child not shift into expressing but instead remain in the empathic role and provide empathy to the parent despite the adult child's very strong desire to express. I would provide the adult child a very brief bit of empathy regarding the desire to express, but in effect I replaced Troubleshooting with rigorously enforcing that the adult child follow the protocols and demands of the dialogue process by not expressing when it was not the adult child's turn to express.

I made this explicit choice in terms of how to manage the therapeutic process because I had come to recognize that in a paradoxical way my following good RE therapy practice in employing Troubleshooting was having the unintended consequence of reinforcing the adult child's deeply imbedded tendency to allow intense, disinhibited emotion to take over and interfere with this person's ability to participate in the dialogue process in a manner that permitted a more equally balanced sharing of the role of expresser with the parent. The interesting thing is that as I made this shift toward enforcing adherence to the requirements of the dialogue process (as opposed to troubleshooting the adult child's emotional lapses), the adult child began to contain emotion better and gradually improved at being able to provide better and more consistent empathy to the parent during their dialogues.

I am convinced that the success of this shift in therapist response to the adult child's breaking out of role during dialogues was rooted in a sound empathic intuition on my part that this adult child could begin to respond to this alternative intervention because of the benefits that had accrued to this person from my extensive use of Troubleshooting in the form of empathy up to that point in time. (Stated in more classic psychodynamic terms, a sufficient basis of trust had been established between therapist and client that I could begin to hold the client accountable for his/her behavior in therapy.) On the other hand, I am equally convinced that had I not made this explicit shift in therapist response to the adult child's continuing to break out of the empathic role, (a) the adult child would have persisted in continuing to break out of role to the detriment of the dialogue process and (b) the parent would potentially have come to experience emotional obstacles to the therapy process because of the continuing extreme imbalance in terms of not being able to express feelings, concerns and desires from the parent's point of view. For these reasons, I believe there was an intrinsic limit to the usefulness of my continuing to empathize with the adult child's emotional lapses, and that the total demands of the therapeutic process demanded an alternative intervention that would help the process move forward by providing more balance in the sharing of the expressive role through a rigorous enforcement of the adult child adhering to the demands of the empathic role.

The second instance involving a limit to the usefulness of empathy in RE therapy occurred under radically different circumstances. In this second instance, I was working with a couple one of whom had had an affair that was discovered by happenstance after it had been terminated for some time. As in virtually all cases involving infidelity, the betrayed spouse experienced the spouse's infidelity as a great emotional trauma that brought almost everything about their relationship into question. Following one of the central principles of working with the involved spouse (cf. chapter 15 of my book *Relationship Enhancement Therapy: Healing Through Deep*

*Empathy and Intimate Dialogue* [Routledge, 2005]), I spent several sessions helping the involved spouse accept full and exclusive responsibility for the decision to have the affair. This included helping this person come to terms with how it was that s/he came to allow him/herself to engage in the affair. The involved spouse willingly embraced responsibility for the decision to have the affair, and engaged in a very challenging process of facilitated self-examination in order to be able to understand the process of self-deception, denial and rationalization that was part and parcel of the step-by-step decision-making process that allowed this person to engage in and continue the affair.

Having completed this process of self-examination, it then became time for the involved spouse to share the results of this self-examination with the betrayed spouse. This was done in the form of a structured dialogue, which is how RE therapy prefers most therapeutic work to be done. (Both spouses had been taught and practiced empathy, and they understood the requirements of the dialogue process.) The involved spouse was invited to begin to express the details and the sequence of what had happened, but even more importantly what had been learned about how the involved spouse had deceived him/herself into believing that it was OK to engage in the affair because s/he had convinced him/herself that it had nothing to do with the marriage and would not cause any harm to the betrayed spouse because it would never be found out. The betrayed spouse listened patiently without interrupting, as the guidelines for the empathizer in the dialogue process specify. The protocols of the dialogue process also specify that the empathizer is to show understanding before being able to shift into self-expression.

When the involved spouse paused and I looked at the betrayed spouse with the expectation that this spouse would begin to empathize with what had been disclosed, I observed a pained expression on that spouse's face and immediately intuited empathically that for this person to have to empathize verbally with the involved spouse's disclosures about the details of the affair and the process of self-deception that the involved spouse had engaged in would have represented a re-traumatization for the betrayed spouse. I therefore made a spontaneous therapeutic decision and said to the betrayed spouse that I could see how difficult and painful it was for this person to have to listen to what had been said, and how even more difficult and painful it would be for this person to have to imaginatively provide empathy using the Identification mode of empathy whereby the betrayed spouse would speak as though s/he were the involved spouse, and that as a consequence I would release the betrayed spouse from the obligation to provide verbal empathy. Instead, I suggested - following a standard practice that I have couples use when either person shifts from empathic mode into expressive mode in a dialogue - that perhaps the betrayed partner could first express whatever might make sense about what the involved spouse had shared (even though much of it from one point of view would not make much sense at all), and then proceed with whatever comments or questions the betrayed spouse would like to pose by way of advancing the dialogue, i.e., by way of prompting the involved spouse to continue to explain the details of the affair and his/her process of self-deception. The betrayed spouse responded with relief and appreciation at not having to empathize with what had been disclosed, and indeed was able to express, with obvious heaviness of heart, what made sense about the involved spouse's process of self-deception.

I am fully convinced that had I as the therapist held to the standard dialogue protocol of enforcing

that the betrayed spouse verbally empathize with the details of the affair and the involved spouse's process of self-deception, it would have retraumatized the betrayed spouse. Equally regrettable, it would have represented a gross empathic failure on the therapist's part and would legitimately be characterized, I believe, as a form of emotional abuse. As a consequence, this represents another instance, to my mind, of what we might term a limit situation in which the use of empathy, or more accurately, the enforcing of the use of empathy on the part of one of the members of a dialogue, reached its limits and actually was contraindicated.

In no way do I believe that either of these special circumstances calls into question the centrality of empathy as a foundational principle in RE therapy. But I believe that they do point to the reality that even a foundational principle can have limits to its application, and that an important part of therapeutic wisdom in the practice of therapy, as opposed to the theory of therapy, is to recognize the potential limits to the application of a principle, whether (as in the first instance) to facilitate progress in the therapy or (as in the second instance) to fulfill another foundational principle of any good therapeutic practice, namely, do no harm.

“The Limits of Empathy in Relationship Enhancement Therapy” first appeared in *RE/Filial News*, March, 2008, published by the Association for Filial and Relationship Enhancement Methods.

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