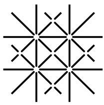
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The missing construct: Impathy – Conceptualization, operationalization, and clinical considerations

Inauguraldissertation zur Erlangung der Würde einer Doktorin der Philosophie vorgelegt der Fakultät für Psychologie der Universität Basel von

Stefanie Neubrand

aus Friedrichshafen

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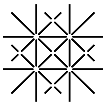

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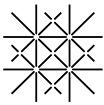

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ABSTRACT

Within the clinical community there is a growing interest in the view of empathy with oneself as a human capacity for recovering and sustaining mental health. To date, however, introversive empathy has not been explicitly investigated in traditional psychological research. In the void between clinical practice and empirical research, this thesis aims to provide a starting point for a better understanding of introversive empathy, which I call impathy, in psychological research and thereby enabling both basic research and clinical application and investigation. To this end, across three manuscripts, the new psychological construct of impathy was conceptualized, operationalized, and clinical considerations for contemporary psychotherapy are provided.

The first manuscript reflects a multi-phase construction process to operationally define and assess impathy employing theory and data-driven approaches. The Impathy Inventory was finalized with 20 items using data from a non-clinical sample. Findings suggest that the Impathy Inventory is a psychometrically sound self-report instrument to measure impathy as a multifactorial construct with four interrelated dimensions: Internal Attention, Meta-Position, Accepting Attitude and Understanding. Preliminary results support the construct validity of the Impathy Inventory and show significant correlations with mental health indicators.

Taking a closer look at the operational definition of impathy, manuscript 2 investigates each factorial dimension with regard to its specific psychological properties. By reviewing the clinical literature on introversive empathy, this work reveals assumptions about implicit internalizing processes within an empathic therapeutic setting that facilitate clients' development of impathy. In order to develop construct clarity, issues related to the conceptual and operational distinctiveness of impathy are discussed. The present findings suggest that the perspective on the clinical implications of impathy should be broadened from implicit to explicit research and practice.

The third manuscript addresses the clinical applicability of the understanding of impathy developed in manuscripts 1 and 2. By integrating impathy into a therapeutic rationale for the treatment of dissociative identity disorder, this work suggests that impathy

may be a learnable skill and that the proposed psychological concept may be utilized as a clinical approach within existing treatment models to enhance this skill.

In summary, the findings of this cumulative dissertation suggest that impathy is a singular concept worthy of further investigation in psychological research. Impathy interventions may hold potential for innovation in psychological practice. Implications and directions for future psychological research are discussed.

Introductory Example

More than 100 years ago Edith Stein (1917) introduced her dissertation "Zum Problem der Einfühlung" (On the problem of empathy; verb "sich einfühlen": to feel oneself into sb./ sth.) using the example of memory, i.e., empathy with a past “I”. Inspired by Edith Stein, the research subject of this dissertation, impathy, is approached through an example of empathy with an imagined future "I", thereby opening its scientific investigation:

> *As I lie on the sofa on a rainy April day, a purple blanket around my legs, thinking about the contents of this entry, I begin to fantasize about the future. I close my eyes and see myself sitting in my dark grey armchair at my desk, working on the final words of this dissertation. I'm wearing a black hoodie, my gaze fixed firmly on the screen.*
>
> *I could dive a little deeper into my fantasy, so that I become more and more involved in it, until, in my imagination, I am standing at the desk next to my imaginary "I", facing it. My present "I" maybe grasps the relief of my imaginary "I", sees and hears her take a deep breath, recognizes joy spreading across her face as she types these final words.*
>
> *I might also decide to shift into the perspective of my imaginary "I", to experience this situation from her point of view, feeling the keys click under my fingers as the scent of coffee fills my nose and a sense of relief spreads through my body. I begin to smile with delight as I take a sip of coffee and sink into the back of my chair to look at the screen and read, "Implications and Future Research." The sense that I am nearing the end of this work puts me in a gentle mood. And I might then turn to my present "I", standing next to me at the desk, wink at her and say, "Soon you'll have made it."*
>
> *Then I shift back to my present "I" and face my imaginary "I" again. Perhaps for a moment I decide to look into her eyes, smile at her, and thank her for the encouragement.*
>
> *Finally, I step out of my fantasy, realign myself in the here and now. I open my eyes and see the purple blanket around my legs. The imaginary*

experience still affects me, but now this anticipated future event and my understanding of it has become deeper than before; I constructed a new mental representation by impathically experiencing a possible future in the here and now.

Introduction

This thesis has a long history. It is a work about empathy with oneself, namely impathy. This research started when the clinical psychologist in me, at that time still an intern studying psychology, had been sitting in a therapeutic group session and made an observation that was to stay with me: the clients in the therapeutic group seemed to find it rather easy to perceive and understand the others and to react adequately to them. However, as soon as they were asked questions about themselves, many of them appeared to have difficulties in accessing and understanding their own feelings and thoughts, and in developing a skillful way of relating to their own affective states. What I didn't know at the time is that difficulties in accessing and understanding one's own inner phenomena map onto a personality type called alexithymia (Taylor, Ryan, & Babgy, 1985), which has been discovered through monitoring psychosomatic patients (Sifneos 1973). Being able to recognize and communicate one's own feelings is a key factor in emotion regulation. If, on the other hand, there is a significant interference with the presented parameters of emotion perception, mental states tend to be indistinguishable, leading to difficulties in using the experience as an internal reference for organizing one's behavior (Ogrodniczuk et al., 2011).

At the end of my internship, and captivated with this observation, I went for a walk with a therapist of the team and she told me about self-compassion. The construct of self-compassion is rooted in Buddhist traditions and encompasses feeling concern for one’s own suffering (Gerber & Anaki, 2021). According to Neff's (2003b) operationalization, self-compassion is composed of three main factors, including self-kindness, compassion, and mindfulness. Self-compassion research is a new and rapidly developing field in psychological research. A growing number of studies shows, that self-compassion is associated with a number of indicators that measure aspects of mental health (MacBeth

& Gumley, 2012; Zessin, Dickhauser, & Garbade, 2015). Developments in contemporary psychotherapy, such as compassion-focused therapy (Gilbert, 2009), consider compassion for others and for oneself to be an important mediating factor for psychological functioning which should be fostered in therapy.

Back then, I was also looking for a research question for my master's thesis. Struck by my observation and spurred on by the idea of writing about self-compassion, I started reading everything I could find about empathy, compassion, and self-compassion. Three years prior, I was listening to a professor at the University of Heidelberg in Germany, talking about how it used to be so much easier to discover new things in psychology. I thought to myself that it is probably always difficult to identify psychological phenomena as such because the obvious doesn't stand out. And I imagined identifying something that we don't know because we haven't put it into language yet.

I submitted a precursor of the present work as a master's thesis at the University of Zurich in 2012. A first and guiding step for my upcoming research journey was the meeting with Prof. Dr. Gaab, who, as we sat on a staircase in the Irchel building of the University of Zurich, asked me what I had in mind as a subject for my master's thesis. A little shy about whether it was appropriate or not, I told him in an aside about my observation at the clinic. And I told him what I then noticed in my literature research - that there may be a missing construct in traditional psychology research: Empathy is assumed to be a precondition for compassion (e.g., Eisenberg et al., 1994; Friedlmeier & Trommsdorff, 1992; Singer & Klimecki, 2014**)**. What is it then that leads to self-compassion? Empathy is understood as a necessary part of a process that involves affective sharing and understanding of another's emotional state, which in turn can elicit compassion and helping behavior (Singer & Lamm, 2009).

Prof. Dr. Gaab was immediately captivated by the idea and told me to only pursue this. And he asked me what could be a name for it? I already had one: Impathy. The term impathy is composed of “empathy” and the first-person perspective "I". It signals that the conceptualization builds on findings from research on empathy while integrating the inward-directed, first-person perspective. Constructs are the basis of sound theory building, and explicit and precise terminology is the basis for robust construct development (Suddaby, 2010). Empathy, i.e., “the capacity to share and understand emotional states

of others in reference to oneself" (Decety & Moriguchi, 2007, p. 22) is considered a pivotal determinant for clinical expertise and positive treatment outcomes in both medical and psychological care (Hojat et al., 2011; Elliott et al., 2018; Lambert & Barley, 2001). The peculiarity that human beings have the ability to generate an "I"-perspective leads to the fact that it enables an individual both to understand themself as part of an inner multiplicity and to act within it as a phenomenal subject (Metzinger, 2003). In this process, the individual generates the internal space necessary to experience their own self-efficacy and autonomy in dealing with their currently available thoughts, feelings, bodily sensations, conflicts, memories, etc. Transferring these findings to the subject of the present thesis, the hypothesis can be derived that by generating an "I"-perspective, people simultaneously generate internal objects, e.g., a feeling of anxiety, to which they can direct their attentional focus (Metzinger, 2003), thus enabling themselves to be a phenomenal subject capable of feeling themselves into their own experiences, i.e., becoming a person capable of performing impathic acts.

After having completed my master's thesis, Prof. Dr. Gaab and I met again, in the main building of the University of Zurich. This time, he asked me if I would like to do a PhD on impathy under his supervision. In fact, I had never thought of doing a PhD until then. And to be honest, it took me quite a while to figure out what an external PhD is actually about. Today, after many more rounds of literature research, I realize that several scholars have shared my observation. For example, Judith V. Jordan (1991), who contributed greatly to the development of relational-cultural therapy, states that "self-empathy is [...] a useful therapeutic construct" (p. 80) because "unlike empathy with another, where the self boundaries undergo more temporary alteration and the final accommodation may be slight, with intrapsychic empathy there is more opportunity for enduring change" (p. 77). Bohart (1991) suggests that "a sense of organization and coherence [...] arises in the moment out of the constituting activity of the process of inwardly directed empathic attention" (p. 43) and Gilbert and Woodyatt (2017) add that "one has to be empathic to the distress one causes, even unintentionally, in order for self-forgiveness to rise at all" (pp. 35-36). Sherman (2014) argues that the ability to empathize with oneself is a constituent in the recovery from moral trauma in the context of war and concluded that this human capacity "has an important place in its own right" (p. 229), supporting the claim of further notable

scholars that introversive empathy may be a key factor for successful psychotherapy (Barrett-Lennard, 1997; Kohut, 1984; Riess, 2017; Rogers, 1975; Watson et al., 2014).

Consistent with the basic idea of impathy, several scholars assume shared underlying skills in empathy with others and with oneself (e.g., Barrett-Lennard, 1997; Håkansson, 2003; Jordan, 1991) – suggesting that empathy contains an introversive side that builds on these subprocesses. Similar assumptions can be found in early works of phenomenal philosophy. For example, as discussed earlier, Stein (1989) suggested that acts of empathy can best be understood using the example of one's own memories, because the past carries an earlier now, and what is remembered carries an earlier "I": „The "I" as the subject of the act of remembering, in this act of representation, can look back at the past joy. Then the past joy is the intentional object of the "I", its subject being with and in the "I" of the past. Thus the present "I" and the past "I" face each other as subject and object. They do not coincide, though there is a consciousness of sameness." (p. 8). Stein (1917) further noted that in addition to empathizing with a memory, introversive empathic acts involving fantasy and expectation are of the nature of empathy.

The apparent interest from philosophy and clinical practice in coupling the ability for empathy and the generation of a first-person perspective may stem from the belief that it can provide a specific way and tool for people to access their own inner state and form a growth-promoting relationship with themselves. In other more metaphorical words, the central claim of these scholars is that as you read these lines, you are a person capable of empathizing with yourself. All inner experiences given to you at this moment constitute phenomenal experiences available to an intentionally directed and purposeful attentional process (Metzinger, 2003), and thus qualify as potential objects in the here and now with which you can impathize as a phenomenal subject (cf. Bohart, 1991). As with empathy (Stein, 1917), the substance of a person's subjective experience, whether it relates to past, future, or imagined events, is always experienced in the here and now (Metzinger, 2003). Thus, to provide a foundation for future impathy research, it seems useful to explore the nature of impathy by identifying its elementary psychological constituents and examining how these constituents are applied in processing present experiences.

Underlying all clinical descriptions that can be found on the introversive side of empathy is the implicit assumption that humans are themselves given as empathic

counterparts, and that this human ability may be a key factor for mental health. What are the psychological processes necessary to have an impathic experience? How can it be assessed? How can this ability be explicitly addressed in psychological practice? These questions have remained virtually untouched in psychological research. Three research perspectives emerge from these open questions: a conceptual perspective, an operational perspective, and a clinical perspective; each of which is reflected in one of the three manuscripts presented in this cumulative dissertation.

Aims of this Thesis

The overall aim of this thesis is to explore the psychological nature of impathy and to provide a starting point for future research. For this purpose, conceptual, empirical, and clinical perspectives are combined as they are relevant to facilitate basic research on fundamental questions about the characteristics of this psychological construct and its operational mechanisms. The present dissertation is organized in three manuscripts guided by the following research questions:

RQ1: *What should a construct definition of impathy include in order to specify the core dimensions of empathy with oneself?*

RQ2: *Can a reliable and valid self-report tool be developed that can adequately assess a person's capacity for impathy?*

RQ3: *Can impathy be incorporated into therapeutic treatment as a clinical approach?*

Methods

Summary of the Research Design

In order to obtain relevant results for the presented research questions, a mixed-methods approach was utilized, integrating both quantitative and qualitative research, with the intent of combining multiple perspectives in order to explore impathy. Switching between

methods is particularly necessary for theoretical advancement in psychological research (Waszak & Sines, 2003). Furthermore, new research questions and scientific innovations require new measurement instruments (Boateng et al., 2018). Quantitative data presented in manuscript 1 are based on the study "Studie zum Umgang mit sich selbst" (Neubrand, 2012). This online-study was conducted on a large nonclinical sample (N = 530).

Manuscript 1 and 2 focused on the first two research questions, i.e., the conceptual and operational features of impathy. To this end, the intended contribution of manuscript 1 was twofold: First, to develop an operational definition of impathy that can be empirically tested. Second, to develop a self-report scale to measure a person's ability for impathy. Several steps were taken to this end, including a number of discussion group meetings and consultation of an expert panel of eight psychologists and non-psychologists, which provided a deeper understanding of impathy and were used to create items for scale construction. Building on this, the next phase of scale construction involved a pilot study and an online study to develop an instrument for assessing impathy, the Impathy Inventory, and validate it based on psychometric analysis. To test the validity of the measure, correlations with associated psychological constructs were examined. The following questionnaires were presented to the sample: the Rosenberg Scale (von Collani and Herzberg, 2003; Rosenberg, 1965) as a measure of self-esteem, the Saarbrücker Persönlichkeitsfragebogen (SPF; Paulus, 2009; adapted version of the Interpersonal Reactivity Index; IRI; Davis, 1983) as a measure of empathy, and the Trait Meta-Mood Scale (TMMS; Otto et al., 2001; Salovey et al., 1995) as a measure of perceived emotional intelligence. To assess criterion validity, the following questionnaires were included in the study: the German Trait version of the Positive and Negative Affect Scale (PANAS; Krohne et al., 1996; Watson et al., 1988), the German version of the Satisfaction with Life Scale (SWLS; Glaesmer et al., 2011; Diener et al., 1985), and the trait-scale of the German version of the State-Trait-Anxiety Inventory (STAI; Laux et al., 1981).

The primary aim of the research conducted in manuscript 2 was to further explore the operational definition of impathy developed in manuscript 1 and to provide more in-depth clarification of the construct. In addition, it was intended to generate an initial understanding of possible mechanisms of action of this phenomenon, thus enabling and extending insights into clinical considerations. Because scientific research is hampered

by terminological and conceptual confusion (Suddaby, 2010), the first step was to review and critically evaluate a number of definitions of introversive empathy. Next, key findings from psychological empathy research were combined with insights from current theoretical models of the self to present a conceptual framework of impathy. A conceptual framework can help identify the mechanisms of action and experiential properties of a construct, contributing to an operational basis for empirical research (Bühner, 2011). A search through the clinical literature was conducted to identify therapeutic approaches that consider introversive empathy a significant factor in successful therapy in order to gather initial ideas about its psychological underpinnings. We then elaborated each dimension of impathy with regard to its specific behaviors, empirical display and psychological characteristics as well as possible associations with mental health. Since locating a psychological construct in an overarching conceptual field is a necessary component of construct clarity (Suddaby, 2010) impathy was investigated with regard to related psychological constructs such as self-compassion and introspection. Finally, basic types of interventions that may be applied in clinical practice to increase impathy were discussed.

Manuscript 3 built on the understanding of impathy that emerged from the work in manuscripts 1 and 2, and aimed to explore the extent to which this conceptualization can be integrated in a clinical setting. Because introversive empathy is assumed to play a central role in people's ability to connect with and integrate self-aspects (e.g., Bohart, 1991; Jordan, 1991), it seemed particularly useful to explore this question with regard to the treatment of dissociative identity disorder. The dissociative identity disorder includes the expression “of one or more alternate personality states that take control of the individual’s behavior” (Foote & Park, 2008, p. 217). To achieve this goal an exploratory research approach was pursued which is recommended “when a group, process, activity, or situation has received little or no systematic empirical scrutiny” (Stebbins, 2001, p. 7). To this end, literature research on the treatment of dissociative identity disorder and several years of joint therapeutic experience of the authors in the application and evaluation of indirect and direct interventions to promote impathy in individual and group settings were employed. In this way, the proposed concept of impathy was further evaluated and integrated as a clinical approach within an existing therapy model to

develop a rationale for the treatment of dissociative identity disorder. Moreover, as a common procedure in exploratory research, a case study was conducted to explore types of interventions to implicitly and explicitly promote impathy. In psychological research it is assumed that imagination is an essential element in the application of the ability to empathize (Alma & Smaling, 2006). It may therefore be of psychological value to link the ability for impathy to encounters with one's own younger, present, older, or imagined "I". Taken together, it seemed reasonable to apply an impathy intervention linked to imagination in the context of the case study.

Summary of Results

A brief overview of the main findings of each manuscript is given below. Manuscript 1 is under review at a peer-reviewed journal, manuscript 2 has been submitted, and manuscript 3 has been published. All manuscripts are listed in the Appendix, where additional information on the theoretical background, methods, and description, as well as a discussion of the results, can be found.

Manuscript 1

On the Introversive Side of Empathy: Development and Initial Validation of the Impathy Inventory

The results of this study on a nonclinical sample aged 15 to 81 years suggest that impathy is a multifaceted construct with four conceptually interpretable and intercorrelated factors: Internal Attention, Meta-Position, Accepting Attitude, Understanding. Most importantly, the results indicate that the Impathy Inventory is a psychometrically sound self-report measure (Cronbach’s alpha = 0.92) and, with its only 20 items, efficient to complete, score, and evaluate. Specifically, the correlations found with measurements of associated psychological constructs, i.e., empathy, self-esteem, and emotional intelligence, fall within a range that, in initial indications, supports the discriminant validity of the scale. Consistent with our hypotheses are the results on measures that capture aspects of mental health: Examination of criterion validity shows significant negative correlations between the

Impathy Inventory and measures of anxiety and negative affect, and significant positive correlations with measures of life satisfaction and positive affect.

Manuscript 2

The Missing Construct: Impathy

The examination of existing definitions of introversive empathy showed that most scholars refer to a process in which the capacity for empathy with others is turned inward, that is, applied to one's own experience. Reviewing the literature on clinical psychology, we found that scholars from various therapeutic schools consider introversive empathy a key factor in protecting against psychological vulnerability and maladaptive intrapersonal behavior and that it should be strengthened in psychological treatment. Closer investigation revealed that most of these researchers assume an implicit therapeutic process in which the subjective perception of the therapist's empathy translates into an increase in introversive empathy in the client. Building on the findings of the study described in manuscript 1, we synthesized insights from empathy research and contemporary understandings of the self into a conceptual framework of impathy with four operational dimensions (Internal Attention, Meta-Position, Accepting Attitude, Understanding). By elaborating issues of association and differentiation from related constructs, we propose to consider impathy as a distinct human ability. Furthermore, this work acknowledges that impathy can trigger affective and/or behavioral consequences, but these consequences do not constitute impathy itself. Rather, we propose that impathic experiencing helps people develop an internal frame of reference that gives guidance for their own behavior. In the case of suffering, this conceptualization suggests an intrapsychic process in which impathy implies behavioral tendencies toward feelings of compassion for oneself and introversive helping behavior. In addition to implicit therapeutic learning processes, this manuscript highlights initial opportunities to promote impathy using explicit impathy interventions.

Manuscript 3

Dissoziation als Kompetenz. Mit hypnosystemischen Methoden die Selbstwirksamkeit stärken

Research on literature on the treatment of dissociative identity disorder showed that psychological research and practice tend to overlook the everyday resources of dissociation that underlie suffering. Incorporating the understanding of impathy developed in manuscript 1 and 2 into the exploratory research design, a rationale for the treatment of dissociative identity disorder was developed using impathy as a clinical approach in hypnosystemic therapy. The ability to associate and dissociate are suggested to be important skills which can be utilized to promote the underlying psychological processes of impathically relating to aspects of oneself. Impathy is recognized as a human skill that can be cultivated and that may facilitate the integration of previously dissociated internal states and experiences and support the development of a coherent self-concept in an articulate and self-efficacious manner. A case example demonstrates how impathy interventions may utilize a client's imagination to facilitate altered mental representations of previously unbearable experiences to be effective for individuals diagnosed with dissociative identity disorder.

Discussion

A notable community of clinicians has identified introversive empathy as a flexible clinical approach to building psychological resilience and coping with adverse life events. However, in traditional psychology research, this human phenomenon has not yet been studied systematically. This may be due to its idiosyncratic nature and, in particular, to the fact that, to my best current knowledge, there have been no attempts to provide a differentiated conceptualization and a consistent measurement instrument. One exception might be a dissertation by Clark (1999, Neff 2003b), which encompasses a pilot study for a scale to measure self-empathy based on Jordan’s (e.g., 1991) assumptions about self-empathy. Therefore, one aim of this thesis was to establish a conceptual framework and operationalization of impathy (manuscript 1 and 2) using a theory and empiricism-based design to enable traditional psychological research and advance its clinical application.

Given that the construct of impathy emerged from observations in clinical settings, it is worth considering whether the conceptualization proposed in this thesis can be incorporated into clinical practice. Thus, another aim of this work was to develop a treatment rationale using impathy as a clinical approach within contemporary psychotherapy (manuscript 3).

In Manuscript 1, we identified key constituents of impathy through top-down procedures using literature research, group discussions, and consultation of a panel of eight experts to provide a conceptual foundation for operationalizing impathy. This was followed by bottom-up procedures to determine the content of the Impathy Inventory with a pilot study as well as psychometric examinations based on data of a large non-clinical online sample. This construction design reflects both the importance of adequate conceptualization and the fact that conceptualization and operationalization typically represent distinct stages within a temporal sequence. Consequently, the conceptualization of a construct is established before any measurements are developed (Zhang et al., 2016). Taking these steps, four interdependent dimensions consistent with the conceptualization of impathy were identified: Internal Attention, Meta-Position, Accepting Attitude, Understanding. Interestingly, we did not find a postulated fifth factor, Impathic Reaction. This factor can be seen as an introversive parallel to what is called empathic concern in empathy research. Empathic concern is assumed to be an outcome of empathic processing and is often equated with compassion (e.g., Singer & Steinbeis, 2009). As such, our empirical findings fit our postulated theory in that impathy can mediate an impathic reaction, but it does not have to.

Although introversive empathy has been described as a psychological construct in the literature before, the results presented in manuscript 1 may be considered first empirical evidence of construct validity. Further, these preliminary results suggest that the Impathy Inventory is an economically applicable, reliable, and valid self-report measurement for assessing impathy. Again, although mental health benefits and progress in psychotherapy have previously been associated with the ability to impathize, no systematic scientific attempts have been made to examine these assumptions, leaving them without empirical validity. This research provides preliminary data suggesting that impathy is associated with mental health outcomes.

In manuscript 2, the results of reviewing clinical literature supported the need for construct clarity. In particular, we have found a lack of terminological clarity and an accurate definition regarding introversive empathy, both of which characterize basic elements of construct clarity (Suddaby, 2010). Furthermore, this research revealed two major assumptions of several clinical scholars regarding the psychological nature of introversive empathy: First, introversive impathy shares commonalities with empathy in terms of basic psychological processing mechanisms. The results on construct validity presented in manuscript 1 support this hypothesis as the Impathy Inventory correlated positively with a measure of empathy. Second, an empathic therapeutic context enables implicit internalization processes of the capacity for empathy in the relationship with oneself. This implies another important assumption about the property of impathy, namely that it is a learnable skill that can be strengthened over time. With regard to other core components of construct clarity, we examined situational settings in which impathy can be applied, as well as its conceptual specificity and its association with related concepts (Suddaby, 2010). Although possible associations between introversive empathy and related constructs such as self-compassion (e.g., Levenson & Ruef, 1992; Gilbert, 2017; Morgan & Morgan, 2005; Neff, 2003a) have been mentioned in the literature, identifying overlapping and distinguishing components and features in this way and, more importantly, identifying and locating them within an overarching conceptual field is a novel approach. Accordingly, we found that impathy may be located at an early stage of an intrapersonal process that can elicit an impathic reaction, such as feeling compassion for oneself and helping oneself in times of suffering. Although this conclusion may not be new, because compassion and self-compassion have been linked to empathy in the literature before, previous research has not shown how empathy for oneself can be distinguished from self-compassion while also being a strong proximal factor for its emergence. In sum, this research provided preliminary evidence suggesting that impathy is a human ability that can be increased, and that impathy may be a mediator of subjective well-being, with the potential to be promoted implicitly and explicitly.

In manuscript 3, the conceptualization and clinical considerations that emerged from manuscript 1 and 2 were integrated in a therapeutic rationale proposing that impathy may be a key factor in the treatment of dissociative identity disorder. Most importantly,

building on insights from manuscript 2, this work suggests that impathy may be a clinical approach that can be effectively incorporated in various psychotherapeutic directions. These considerations are in line with psychological research and its understanding of empathy as a learnable skill, that is, a personality-trait-like construct. However, some research points to the importance of state sensitivity, i.e., the effects of a person's internal and external context on their empathic processing (for a review of empathy, see Cuff et al., 2016). Considering impathy as a personality trait implies that there are people who are more impathic than others and that this ability displays some consistency over time. As noted earlier, impathic sharing may therefore resemble a competence that can be intentionally enhanced. Human competence, in turn, is subject to context-specific circumstances (Weinert, 1999). That means, the extent to which a person's impathic subdimensions are expressed should vary according to the psychosocial situation and the interaction between the individual and their environment, classifying impathy as a flexible personality construct.

In summary, the presented three manuscripts of this dissertation exploring impathy echo the assumption of various clinical researchers that impathy is a distinct psychological entity. In other words, the findings of this research suggest that not only can impathy be considered a human phenomenon that can be described in a meaningful way at a variety of different experiential levels, but that it can also be grasped through appropriate traditional psychological research. And, to come full circle, it may be a concept that can be usefully integrated and studied in clinical psychology and beyond.

Strengths and Limitations

The presented research has strengths and limitations that should be addressed and taken into account for further research. In manuscript 1, impathy was investigated using a combination of top-down and bottom-up techniques to develop an evidence-based operationalization. The strength of this design, although elaborate and time-consuming, is that it recognizes that an essential component and the basic foundation of questionnaire development is built on the quality of the definition of the phenomenon to be measured. In other words, the conceptual groundwork done at this point largely determines the

content validity of the questionnaire, a factor that is often underestimated in psychological research (Bühner, 2011). However, the results of the study should not be overstated and generalized thoughtlessly, as they represent an initial validation and should therefore be interpreted in light of their context. The statistical analyses were exploratory in nature, as it is advised that exploratory and confirmatory factor analyses should not be performed on the same sample. Future inquiries should investigate construct validity using confirmatory factor analysis. Further, this research assumes that impathy can be assessed with a self-report instrument. However, such a measurement instrument is unable to capture more than a section of the overall picture of impathy. Further research should complement self-reported impathic skills, e.g., through performance measures and third-party assessment procedures, such as therapist ratings. In addition, the sample for the initial validation of the Impathy Inventory was collected exclusively online and was largely made up of white, heterosexual, and well-educated and highly educated participants. The majority of participants were women. A more diverse sample might have provided a different result. Further studies examining the factor structure of the Impathy Inventory in different and ideally more diverse samples would be valuable to generate more evidence in favor of or in opposition to its proposed structural model.

A strength of the research presented in manuscript 2 is its contribution to clarity in the conceptual development of impathy and its components, which have previously been described in multiple and often tautological ways. Also, tracing and placing introversive impathy in its clinical background provided further important information about its nature and possible mechanisms of action. A limitation of this work is the approach that was taken to identify the definitions and therapeutic recognition of impathy. A systematic literature review was not possible to conduct because clinical interest in introversive empathy has evolved in ways that make a systematic review not readily available. This is due to the fact that the definition of introversive empathy has very rarely been the main focus of research; rather, definitions and descriptions of it have been embedded to achieve another primary goal of the work. Consequently, we followed our expertise to identify key scholars and substantial literature sources in the field.

By developing a therapeutic rationale applying impathy as a clinical approach, manuscript 3 provided an opportunity to explore the extent to which this conceptualization

can be integrated into current therapeutic practice. This development process built on literature research and therapeutic experience of the authors piloting implicit and explicit impathy interventions. Therapists' experiences in psychological practice provide access to a better understanding of psychological underpinnings of therapeutic change and progress (Levitt, 2015). Moreover, placing impathy within a current therapeutic model can contribute to further exploration and clarification of the central features of this concept as it applies to clinical practice, thereby supporting the dialogue between psychological research and practice. However, exploratory research is characteristically not conclusive and generalizable (Stebbins, 2001), and scientific validity is concerned with the degree to which an intervention is meaningful in content and whether there is any supporting proof for its inherent operational processes (Baker et al., 2008). Future research should therefore aim to investigate the possible specific mechanisms of action of impathy interventions. Otherwise, interventions are likely to rely on other, more general effects of the therapeutic setting (Baker et al., 2008).

Implications and Future Research

Against the background of theory building, empirical research, and clinical application, this section briefly outlines some of the many possible directions for future research. As noted in the limitations section, further studies would need to be conducted to confirm the stability of the factorial model and to provide generalizability before the Impathy Inventory can be used for applications in psychological research. Further psychometric testing of the Impathy Inventory in comparison with related constructs would be recommended to provide more evidence for its discriminant validity and to explore the question of the possible commonalities between empathy and impathy. The test-retest reliability of the Impathy Inventory was not examined in this work. However, it is an important indicator of scale consistency, especially for a measurement instrument that may be of value for use in clinical settings.

To substantially advance the conceptualization of impathy, existing assumptions about its clinical significance and empirical properties need to be systematically tested and refined, and new assumptions should be gathered in an ongoing dynamic process

that integrates multiple perspectives. By providing a consistent terminology and conceptualization of impathy, scientific exchange is facilitated, thereby enabling the development of knowledge for a better understanding of impathy. In addition, practitioners may also benefit from greater construct clarity. For example, there is growing interest in the clinical field in using self-compassion interventions in treatment. Yet, as discussed earlier, impathy might be different to and a precondition for the emergence of self-compassion. It may therefore be of value to examine whether and how an individual's capacity for impathy mediates their potential for self-compassion.

Future research may also investigate the range of stimuli that can be used to elicit impathy, the range of emotions that can be processed impathically (e.g., joy, fear), and how situations can influence an individuals' capacity for impathy, using both field research and experimental studies. In this context, I would also like to highlight some ideas that both build on and go beyond the empirical data and literature discussed to explore the nature of impathy in a broader context and suggest related directions for future research.

What may be of interest for future research on impathy as a psychological construct is its possible application to intrapersonal interactions in space and time. As we elaborated in manuscript 2 and illustrated with a case example in manuscript 3, impathy may be meaningfully integrated into a person's past, present, future, and imaginary intrasubjective relationships. This is consistent with assumptions of other authors who have described introversive empathy in terms of time, particularly in terms of an impathic sharing of past experiences (e.g., Håkansson, 2003; Jordan, 1991; Sherman, 2014). To understand why impathy in the context of space and time might be an interesting avenue for future psychological research and practice, a final example is provided to illustrate the issue:

> *As I sit in my dark grey armchair at the desk, wearing a black hoodie and working on these last words of my dissertation, a memory suddenly appears in my mind's eye. I can see myself lying on the sofa on a rainy day back in April, thinking about the introductory example of this dissertation.*
>
> *I could dive a little deeper into my memory, so that I become more and more involved in it, until, in my memory, I am sitting on the sofa next*

to my past "I". My present "I" perhaps captures the busy thoughts of my past "I", sees her frown and finally close her eyes as she turns inward.

I might also decide to shift to the perspective of my past "I" to experience this situation from her point of view, feeling the purple blanket warm my legs. I imagine myself standing next to my imaginary future "I" at her desk as she works on the final words of this dissertation. I begin to relax as my imaginary "I" gives me encouragement and the wrinkles disappear from my face. The confidence of my imaginary “I” makes me feel calmer.

Then I shift back to my present "I" sitting again on the sofa next to my past “I”, and realize how calmed she is at this moment, fully engaged in her fantasy. For a moment I could gently stroke her forehead, smile and whisper, "It's almost done.”

Finally, I step out of my memory, realign myself in the here and now and straighten my black hoodie. The reconstructed memory still affects me, but now this memory and my understanding of it has become deeper than before (cf. Stein, 1917); I altered the mental representation of my memory by impathically experiencing this past event.

There seems to be an intertemporal potential linked to impathic acts, which can unfold in the intrasubjective interaction and relationship within a person's life course and their mental and experiential (re)construction of it. Although a detailed discussion of such broader issues is clearly outside the scope of this dissertation, at least some points may be considered. To develop a deeper understanding of human psychological functioning, psychology research has always been intrigued by the unique human ability “not only to go back in time, but also to foresee, plan, and shape virtually any specific future event” (Suddendorf & Corballis, 2007, p. 299). "Mental time travel", also known as chronosthesia (Tulving, 2002), enables people to imagine an infinite number of events and possibilities in spacetime.

Albert Einstein defined space and time in his special theory of relativity as an inseparable four-dimensional unit: spacetime. This allows the description of any object not only by its volume in space but also by its extension in time. In this way, a person's entire life span can be imagined in a four-dimensional spacetime (Maalampi, 2008). Interestingly, the science of physics is rich in notable imaginative achievements, and imagination is widely acknowledged to be associated with creativity and innovation (Steier & Kersting, 2019), as well as with empathy (Alma & Smaling, 2006). For example, when Einstein developed the general theory of relativity, he imagined himself travelling on a stream of light (Steier & Kersting, 2019). Imagination “is the process of creating experiences that escape the immediate setting, which allow exploring the past or future, present possibilities or even impossibilities. Imagination feeds on a wide range of experiences people have of, or through the cultural world, through diverse senses, now combined, organized and integrated in new forms.” (Zittoun & Gillespie, 2016, p. 2).

Just as the connection between the phenomenal subject "I" and time is associated with the self-organization of cognitive processes and adaptive psychological behaviors (Quiñones et al., 2017), imagination is associated with learning processes and the integration of disconnected parts of experience into a meaningful whole (Steier & Kersting, 2019). When these findings are related to the research presented in this dissertation, it becomes clear that (re)construction and intrapsychic (re)connection in the context of impathy, may allow for access to otherwise intolerable experiences and facilitate the development of a more coherent self-concept. Thus, the flow of information generated by impathic processing, which can be applied to intertemporality and imagination, provides for a gradual growth into learning and adaptive possibilities in the here and now.

In summary, the central claim of this hypothesis is that the capacity for mental time travel, as well as the capacity for imagination, can interact with the capacity for impathy in ways that elicit individual competencies and resources that go beyond their simple additive effects on subjective well-being and open up a wide range of possibilities for psychological research and practice. As with empathy, social neuroscience could be one of several promising research fields to explore these open questions.

Conclusion

This dissertation highlights that people are not only able to empathize with others, but also with themselves, suggesting that introversive empathy, called impathy, is a distinct psychological construct. The results of the present dissertation show that impathy is a multidimensional construct, and that the Impathy Inventory provides a psychometrically sound self-report instrument to assess interindividual differences in impathy. Consistent with the assumptions of several clinical researchers, preliminary results suggest that the human capacity for impathy may be an important factor in the maintenance and recovery of mental health, and that impathy is a human skill that can be strengthened over time using implicit and explicit intervention strategies. To address this, the research presented on the proposed conceptual framework and operationalization of impathy indicates that impathy may be a flexible clinical approach that can advance intervention innovation and be integrated into existing therapeutic models. In summary, the present dissertation has set the stage for conducting psychological research on impathy by incorporating three fundamental levels of perspective: conceptual, empirical, and clinical. Building on this psychological foundation, further research efforts could be valuable, as the concept of impathy has the potential to be helpful for people who have difficulty sharing in and understanding their own experiences in a way that promotes mental health.

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APPENDIX A: Manuscript 1

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On the Introversive Side of Empathy: Development and Initial Validation of the Impathy Inventory

Stefanie Neubrand[1,2*] Jens Gaab[1]

[1]Division for Clinical Psychology und Psychotherapy, Faculty for Psychology, University of Basel, Basel, Switzerland

[2]sysTelios Clinic, Am Tannenberg 17, 69483 Wald-Michelbach, Germany

***Correspondence:**

Corresponding author: Stefanie Neubrand

stefanie.neubrand@unibas.ch

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Abstract

The ability to experience and understand one's own emotions is commonly understood to be an important intrapersonal skill for mental health and well-being. Despite the proposed relevance and in contrast to its interpersonal counterpart, the human capacity to empathize with oneself has yet not been explicitly operationalized and tested. The present work introduces the concept and definition of "impathy" and describes the multi-stage construction process to develop and test a psychometric instrument to assess impathy, the Impathy Inventory. The Impathy Inventory was developed with 20 items and tested for its psychometric quality with a nonclinical sample (N = 530). Results are congruent with a postulated dimensional structure including four factors: Internal Attention, Meta-Position, Accepting Attitude, Understanding. Results demonstrate reliability (Cronbach's alpha = 0.92) and construct validity of the Impathy Inventory. Significant findings suggest that impathy is correlated with measures of mental health, including affect, anxiety and life satisfaction. Preliminary evidence for the discriminant validity of the inventory is presented with respect to measures of emotional intelligence and self-esteem.

Introduction

The ability to share in another person's emotional state and, as a result, understand the person and respond appropriately does not only play a pivotal role in the shaping of interpersonal relationships, but is also an essential factor contributing to clinical competence and successful treatment (Hojat et al., 2011; Elliott et al., 2018; Lambert and Barley, 2001). This understanding of empathy is generally operationalized at an interpersonal level. There is much less known about empathy with one's own experiences, though this has drawn the attention of a growing number of scholars in clinical psychology over the last few decades (Barrett-Lennard, 1997; Bohart, 1991; Gilbert and Procter, 2006; Greenberg et al., 1996; Jordan, 1991; Kohut, 1984; Neubrand and Dietrich, 2017; Riess, 2017; Rogers, 1975; Watson et al., 2014). Introversive empathy, i.e., the ability to share in and understand one's own emotions, thoughts, and bodily sensations, has been described as a first-person analogue to empathy (Barrett-Lennard, 1997; Bohart, 1991; Håkansson, 2003; Jordan, 2010; Kohut, 1984; Rogers, 1975; Sherman, 2014).

Following the assumption that „you always use your own representations to understand the state of another" (Preston and de Waal, 2002, p. 17), the capacity to empathize with one's own experiences is viewed as essential for the development of empathy for others (Barrett-Lennard, 1997; Håkansson, 2003). Introversive empathy is credited with playing a key role in the psychological processes that build the basis for psychological functioning and therapeutic change (Barrett-Lennard, 1997; Bohart, 1991; Greenberg et al., 1996; Jordan, 1991, 2010; Kohut, 1984; Rogers, 1975; Neubrand and Dietrich, 2017).

Several constructs draw on this perspective of introversive empathy. For example, the construct of self-compassion (Neff, 2003a) has been shown to have strong effects on mental health symptoms and psychopathology (MacBeth and Gumley, 2012) as well as on psychological well-being (Zessin et al., 2015). Furthermore, the construct of self-awareness (Duval and Wicklund, 1972) postulates that in a state of objective self-awareness a person becomes the object of one's own reflection. Thus, if a person is objectively self-aware, then this person tends to self-evaluate and compare real aspects of themself to their ideal representations of themselves. The increased awareness of potential negative discrepancies is conducive to self-criticism and the avoidance of self-

awareness (Wicklund, 1975; for a review, see Silvia and Duval, 2001). Similarly, the understanding of third-person experience is a fundamental part of most approaches to empathy (for a review, see Cuff et al., 2014). Empathy, on the other hand, encompasses both affective (sharing in the affective state of others) and cognitive (understanding the affective state and behavior of others) capacities (e.g., Davis, 1983; Decety and Jackson, 2004) and is an important factor for eliciting compassion (Singer and Klimecki, 2014). Compassion represents concern for the well-being of another person, as a result of understanding that person's emotional state (Eisenberg et al., 1991; for a review on compassion, see Goetz et al., 2010). It is therefore an emotional reaction that is different from the other's emotion. In contrast, empathy is best understood not as an emotion, but as a process of vicariously experiencing another's emotional state. That is, the emotional state of the empathic observer is similar to the emotional state of the other person (Singer & Klimecki, 2014). Against this background, it has been reasoned that empathy and compassion are related but distinct human phenomena (Goetz et al., 2010; Singer and Klimecki, 2014) which play an important role in the development of ethics and helping behavior (Eisenberg and Miller, 1987; Batson and Shaw, 1991; Hoffman, 2000). Another related construct is the meta-mood experience as a core aspect of emotional intelligence (Salovey and Mayer, 1990). 'Meta-mood' describes reflective and regulatory processes and can be understood as a self-related counterpart to the metacognitive processes inherent to empathy. Meta-mood competencies are important in coping with psychological distress (Salovey et al., 2002).

However, these self-reflective constructs differ in their essence from the concept of empathy. Specifically, it is the evaluative quality of the self-reflective processes that is expressed within the framework of these constructs. In contrast, one central feature of empathy is the ability to perceive without judging the experience itself (Rogers, 1975). Research suggests that this difference is particularly significant as self-focused attention is related to negative affect (for a review, see Mor and Winquist, 2002) and rumination, a maladaptive type of self-reflection, is associated with depression (Nolen-Hoeksma et al., 2008). Other ways of processing involve a more adaptive form of inward-focused attention (Nolen-Hoeksma et al., 2008). As such, accepting one's own emotional state can act as a regulatory strategy for emotions and thus have a positive effect on mental health. This,

furthermore, is diametrically opposed to experiential avoidance which, in turn, is associated with psychopathology (Hayes et al., 2006) and a state of objective self-awareness (Wicklund, 1975). Consistent with this, Greenberg, Wortman and Stone (1996) postulate that the development of introversive empathy should be fostered as an underlying process of emotional regulation.

The combination of empathy and an inward-looking first-person perspective seems to be of great interest to the clinical community because it enables people to skillfully relate to their phenomenal states, for example, their own feelings, thoughts, bodily sensations. William James (1890/ 2014) introduced an important distinction in psychology that is again receiving increasing attention in psychological science as it can contribute to more clarity in the ambiguous discourse about "the self" (Swann and Bosson, 2010; Wozniak, 2018). James (1890/ 2014) postulated that the self consists of two main components: "I" (self-as-subject) and "Me" (self-as-object). In this understanding, the "I" relates to the "Me" in a certain way. In other words, all phenomenal states that are available to a person at a given time can “become objects of a voluntarily initiated and goal-directed process of internal attention” (Metzinger, 2003, p. 32). That is, the ability to adopt a first-person perspective enables a person to experience themselves as part of an inner plurality while being able to have an affect on it as a subject. Applying these insights to our case, we could infer that the development of a first-person perspective „I" is accompanied by the emergence of an internal entity (Metzinger, 2003) that „I" can empathize with. Following Buber's (1923/ 1995) distinction between two different types of interpersonal relating, namely "I-Thou" (subject-to-subject) and "I-It" (subject-to-object), the question can be raised whether the impathic relationship also extends beyond a person encountering themself as an object, i.e., whether intrapersonal relating can also take on two different qualities, in terms of "I-I" and "I-It" (cf. Cooper, 2003). Moreover, Cheng and colleagues (2010) conducted an fMRi-study examining the impact of taking I-related or other-related perspectives. They found that projecting oneself or a loved one in a painful situation triggered an enhanced neural response in empathy networks in both cases, suggesting that there may be overlap in the psychological processing involved in empathy and impathy.

Against this background, a central difference between impathy and the theory of self-awareness might be found in the core assumptions of theories about inward-directed

attention. The “self” is a mental construction and, as such, is not directly perceptible (Baumeister, 1998). Objective self-awareness encompasses reflection and cognitive analysis on the self (Wicklund, 1975). As is the case with empathy (Decety and Jackson, 2004), in addition to cognitive aspects, resonating with one’s own affect is expected to be an important gateway to introversive empathy. Consequently, introversive empathy should play out at various intrapersonal levels of I-relating. The linguistic term *Impathy* (Neubrand, 2013) mirrors this assumption.

Thus, although the ability to share in and understand one’s own internal experiences and circumstances with an accepting attitude seems to play a crucial role in the maintenance and recovery of mental health, this human capacity has not been systematically investigated. According to our current state of knowledge, a thesis written by Clark (1999, Neff 2003b) is the only exception, involving a pilot study to construct an instrument to measure “self-empathy”. In order to bridge the gap between psychological practice and psychological research, we set out to deliver an operational foundation for studying impathy and to develop and psychometrically evaluate a psychometric questionnaire: the Impathy Inventory. First, several sessions with discussion groups were used to gain a deeper understanding of impathy and to develop items for its measurement. Subsequently, a pilot study and an online study served to construct and evaluate an inventory for measuring impathy based on its psychometric properties. Findings from related constructs as well as indicators of mental health are presented and suggestions for future research are discussed.

Definition and Conceptualization of the Psychological Construct “Impathy”

Similar to empathy, impathy can be understood as a complex, reciprocally pervading cognitive and affective process which can lead to self-compassion and introversive helping behavior. Thus, the amount of attention a person directs toward their own experience is crucial for the development of a subjective experience of impathy. In order to regulate distress and navigate between internal states, the impathic process is understood to require both automatic regulatory processes as well as a metacognitive feedback loop in order to prevent coalescence with as well as the separation from one’s

own experience. Metacognitive skills are a central feature of empathy separating it from related constructs such as emotional contagion (Decety and Jackson, 2004). In order to generate an accurate picture of internal emotional states, the impathic process requires the ability to internally experience with openness and acceptance. Without this ability, individuals may attempt to adjust their subjective experience to fit with their own ideal of themselves, which in turn could lead to the maintenance or exacerbation of stressful emotions due to self-criticism (Blatt et al., 1976).

Based on this theoretical perspective, 4+1 interdependent dimensions of impathy are postulated:

(I) Internal Attention, i.e. the ability to perceive one's own bodily and psychological phenomena;

(II) Meta-Position, i.e. the ability to adjust the distance from which one can perceive their own experiences and situation;

(III) Accepting Attitude, i.e. the ability to perceive one's experience and situation with openness, acceptance and without judgement;

(IV) Understanding, i.e. the ability to understand one's own experience and the context in which it is embedded.

These four major subcomponents are hypothesized to interrelate dynamically to generate the experience of impathy and enable an Impathic Reaction (V), which includes a tendency to respond to oneself compassionately and in a supportive manner in difficult times.

Materials and Methods

Objectives and Hypotheses

The first objective is to develop and statistically test a psychometric scale that corresponds with the new construct of impathy. The second objective is to use dimensional analyses in order to determine whether there is empirical evidence for the postulated structure of impathy. Following a theoretical framework, we expect to see five statistically distinct,

though interdependent, dimensions: Internal Attention, Meta-Position, Accepting Attitude, Understanding and Impathic Reaction.

With respect to the validity of the scale, correlations with other related constructs are evaluated. Since we assume similar mechanisms underlying both impathy and empathy, we expect that results will show that impathy shares mutual processing patterns with empathy. Furthermore, the Impathy Inventory is expected to correlate with measures of emotional intelligence, in particular, with reference to meta-mood experiences since the impathic process is assumed to encompass self-perception and metacognitive activity. A central aspect of most definitions of empathy is to understand the state of another person (for a review, see Cuff et al., 2014). Research shows that people with low self-esteem tend to have low and thus inconsistent knowledge about themselves. In contrast, people who demonstrate high self-esteem know more about themselves and report greater self-concept clarity (Campbell, 1990; Stinson et al., 2008). Therefore, we theorize that the ability to impathize enables a person to gain a deeper understanding of themselves and thereby develops a clearer and more stable self-concept, which in turn leads us to hypothesize that impathy is positively associated with self-esteem. We also assume, however, that the strength of the correlation with emotional intelligence and self-esteem will present some initial indicators of the discriminant validity of the Impathy Inventory.

In order to evaluate the criterion validity of the construct, the relationship between the Impathy Inventory and indicators of mental health and psychological stress will be tested. It is expected that participants who report higher values on impathy will report lower values on anxiety and negative affect and higher values on positive affect and life satisfaction. Individuals with a low score on impathy are expected to have difficulties perceiving and understanding themselves and show lower metacognitive activity. Accordingly, such individuals should tend more toward self-pity than self-compassion (see also Neff, 2003a). Individuals who experience self-pity are inclined to exaggerate their own mistakes, stresses and strains (Stöber, 2003). Moreover, they tend to be consumed by their problems (Charmaz, 1997). Studies show that behaviors associated with self-pity are correlated with poor mental health and, in particular, depression (Stöber, 2003; Papageorgiou and Wells, 2000).

The present study aims to uncover differences with regard to gender, age and relationship status. Tests on the relationship between impathy and gender will be exploratory in nature. With regard to age, we expect that persons with increasing age will show higher values on impathy. Over the course of their lives, adult humans have been shown to achieve an increasingly elaborated self-concept (Greve, 2007). Since empathy and impathy are believed to have overlapping processing patterns, we borrow from the plethora of findings on empathy in order to develop hypotheses with regard to impathy and relationship status. Empathy is known to be fundamental in social relationships (Batson, 1990; Morelli et al., 2017) and is an important factor in relationship satisfaction (Fincham et al., 2002). As such, it is theorized that individuals living in marriage or a romantic relationship will show a greater capacity for impathy than individuals who are not in a relationship.

Construct development

In order to develop a well-founded basis for the definition of impathy, an experience-driven, intuitive (top-down) approach was combined with analytic-empirical (bottom-up) approaches. The experience-driven, intuitive approach incorporated not only literature research but also expert knowledge. In this approach, a narrowed scope of characteristics is determined which is then later assessed with the intended measurement instrument. This type of top-down technique has proved its value when theoretical knowledge about a construct is available and can be used to deduce measurable attributes (Bühner, 2011). Available theoretical knowledge about empathy was the primary focus of top-down-processing. Theories about the self and research knowledge about self-related constructs, in particular self-awareness, self-compassion and self-pity were considered.

During the first phase of development, in addition to theoretical deliberation and literature research, the initial scope of the construct was realized through informal discussion groups consisting of three to five individuals. In the second phase of development a prototype approach was followed. Here, a panel of eight experts was asked to answer questions about their prototypical views of an impathic person (e.g., what an impathic person is and is not; how an impathic person behaves in normal situations as

well as in difficult times). The discussion groups and expert panel were made up of both psychologists and non-psychologists from different cultural backgrounds. In order to increase the understandability of the items for future participants, the inclusion of both interdisciplinary experts and lay persons in the development process is considered helpful (Bühner, 2011).

In this way, trait descriptions were collected, such as “An impathic person takes time to understand themself”; “…knows themself well”; “…does not get swept up by difficult situations”; “…can look at themself at a distance”; “…knows what they need”; “…is very accepting of themself”; “…can perceive themself well”; “…takes good care of themself also in difficult times and tries to feel as best they can”; “…is understanding of their own (subjective) weaknesses and imperfections”; “…accepts emotional or practical support from others”; “…listens to their body” and “…can regulate their own mood”.

Constructing the Questionnaire and Pilot Study

On the basis of the construct development, 500 statements corresponding to the postulated impathy dimensions were examined and reduced to 104 items in a process driven by both theory and principles of test construction. The aim was for all items to be as short as possible and easily understood. In order to encourage congruence between individual items and the construct, each item should only include one focus of interest. Since negatively phrased items can influence factor structure and are generally more difficult for participants to answer (Bühner, 2011), all items were positively worded. The scale should reflect a broad scope of characteristics and skills in order to ensure its sensitivity and content validity (Bühner, 2011). Since impathy, like empathy (Fan et al., 2011), should encompass a wide range of emotions (e.g., happiness, sadness), the items that aim to capture perceiving and understanding should be formulated independently as possible of positive or negative emotions. The main exception should be items that capture the impathic reaction as a behavioral tendency towards self-compassion and introversive helping behavior, as these relate to dealing with oneself in difficult times. For this purpose, existing theoretical knowledge on self-compassion (Neff, 2003b) and the Self-Compassion Scale (Neff, 2003a), which currently represents the most widespread

operationalization of self-compassion, were taken into account in the construction of the scale.

In order to test the content validity and usability of the items a pilot study in the form of expert ratings was carried out with eight independent psychologists and laypersons. These individuals rated the items using a 4-point Likert scale (*I do not agree* (0) to *I agree* (3)) with respect to their understandability, clarity and correspondence to the construct. A comment could be written for each item. Consequently, 41 items were excluded and several items were edited. In order to verify whether discrepancies emerged, the remaining items were presented to a small sample ($N = 6$). No ambiguities appeared. The last step in the construction of the final version of the questionnaire was a survey for testing the statistical criteria for the quality of measurement.

Sample and Procedure

The study was carried out using a web-based EFS Survey 8.2 (Questback GmbH, 2012) which was made available through institutes, schools, personal contacts, the University of Basel and the University of Zurich as well as being published on a number of German websites. In total, 530 individuals (76% women; 24% men) between 15 and 81 years of age ($M = 36.8$ years, $SD = 13.7$) volunteered to participate in the study without receiving any financial incentive. Twenty-one women and five men were students at the universities of Zurich and Basel and received research participation credits for completing the survey. The nationality of participants was 64.2% German, 31% Swiss and 2% Austrian. Participants were equally distributed with regard to relationship status: 31% of participants were married, 36.2% were in a romantic relationship and 28.9% reported being single.

Measurement Instruments

The study was based on the preliminary version of the Impathy Inventory which included 63 items. Impathy was examined as a personality trait and participants were asked to respond to the statements based on a 5-point Likert scale with alternatives ranging between (0) *strongly disagree* and (4) *strongly agree*.

In order to test the convergent validity of the Impathy Inventory, the following questionnaires were implemented: Empathy was measured using the Saarbrücker Persönlichkeitsfragebogen (SPF; Paulus, 2009) which is a translated and adapted version of the Interpersonal Reactivity Index (IRI; Davis, 1983) comprised of the affective subscales Empathic Concern, Fantasy and Personal Distress and the cognitive subscale Perspective Taking. Emotional Intelligence was measured using the German version of the Trait-Meta-Mood-Scale (TMMS; Otto et al., 2001; Salovey et al., 1995). The TMMS uses three subscales to measure one's ability to reflect on and regulate one's emotions, i.e., Attention to emotions, Clarity on the perception of emotions, and Ability to influence emotions (Repair). As a measure of global self-esteem, the revised German version of the Rosenberg Self-Esteem Scale (von Collani and Herzberg, 2003; Rosenberg, 1965) was included. In order to safeguard against a social desirability bias, the revised Soziale Erwünschtheits-Skala (SES-17; Stöber, 1999) was also included in the survey.

In an effort to assess the criterion validity of the Impathy Inventory, the German version of the Satisfaction with Life Scale (SWLS; Glaesmer et al., 2011; Diener et al., 1985) was included. The German Trait version of the Positive and Negative Affect Scale (PANAS; Krohne et al., 1996; Watson et al., 1988) was used in order to estimate participants' emotional well-being. Finally, the trait-scale of the German version of the State-Trait-Anxiety Inventory (STAI; Laux et al., 1981) was included as a measure of anxiety.

Statistical Methods

As part of the item analysis, a test of difficulty and reliability were performed. In order to test the internal structure of the dimensions, separate principal component analyses (PCA) were carried out with the items for each of the theorized dimensions. Subsequently, an exploratory factor analysis (PCA with oblique Promax rotation and Kaiser normalization) was performed on the entire scale. Since theoretical indications of intercorrelated factors have been identified and, in principle, some degree of correlation between factors is expected in psychological science (Costello and Osborne, 2005), we opted for an oblique rotation because it should provide a more accurate solution. Promax

rotation was used as it is considered the preferred method among oblique rotations (Bühner, 2011). An additional PCA was carried out with the final version of the questionnaire. After examining the items separately, the Kaiser-Meyer-Olkin test (KMO) and Bartlett's test of Sphericity were performed to verify whether the data were suitable for conducting an exploratory factor analysis. The KMO measure of sampling adequacy provides information on whether the correlations in the correlation matrix are sufficient to perform a factor analysis. Bartlett's test of Sphericity compares the observed correlation matrix to the identity matrix. The number of factors were determined based on the eigenvalue distribution. Among the most common criteria for determining the number of relevant factors are the Kaiser criterion and the Scree test (Bühner, 2011), both of which were applied. Reliability analyses were carried out separately for each of the four factors (corrected item-total correlations r_{Fac}, Cronbach's α) as well as for the entire scale as a whole (corrected item-total correlations r_{Tot}, Cronbach's α).

Results

Analysis of the Instrument

In total, 530 completed surveys were submitted. The statistical analysis was performed with SPSS 19.0. By means of the item analysis 21 items were removed due to statistical and/or content-related issues. The exploratory factor analysis produced a four-factor solution. The examination of a higher factorial solution did not yield a more easily interpretable internal structure of the measurement instrument. With the exception of the fifth dimension, Impathic Reaction, all constructed items loaded clearly on one of the four factors. The items from the fifth dimension loaded for the most part equally across all four factors. Examination of alternative factorial models revealed a significant difference of approximately 11% in resolved variance between two- and four-factor solutions (50.5% vs. 61.4%) and only a small difference of approximately 5% from the three-factor model (56.2%) and 4% from the five-factor model (65.7%). Consequently, the four-factor solution was the basis for the finalization of the scale construction. Items that loaded highly on the respective factor (at least 0.3), low on other factors, made theoretical sense and were as heterogeneous as possible were selected for a more compact final version of the scale.

In the end, 22 items were removed and a final version of the Impathy Inventory with 20 items was achieved. Descriptive statistics and coefficients of item discrimination, expressed as corrected item-total correlations are summarized for each item in Table 1.

PLEASE INSERT TABLE 1 HERE

An additional PCA was carried out with the final version of the questionnaire. The Kaiser-Meyer-Olkin test, which evaluates linear dependencies, resulted in a very good value of .93 which speaks for the general stability of the model. The Bartlett's test of sphericity was statistically highly significant (Chi-squared = 4982, df = 190, p = .000), such that the null hypothesis for this test could be rejected with a probability of error close to .001. Both the eigenvalues larger than one (eigenvalue distribution: λ_1 8.00, λ_2 2.10, λ_3 1.13, λ_4 1.04, λ_5 0.86) and the scree plot (Figure 1) once again point to a four-factor solution. In total, the variance explained amounts to 61.3% and, after an oblique Promax rotation, a clear separation into the factors Meta-Position (MP), Internal Attention (IA), Accepting Attitude (AA) and Understanding (UN) was evident (see Table 1). As expected, positive correlations emerged between the subscales, suggesting that there may be an underlying global factor (Table 1). Separate PCAs for each of the final subscales produced one-factor solutions.

PLEASE INSERT TABLE 2 HERE

Factor Structure

Although a five-factor model was assumed in the impathic process, the four-factor solution fits the postulated theory since impathy does not need to result in an impathic reaction of self-compassion and introversive helping behavior. It therefore seems both theoretically and statistically reasonable to measure impathy using the first four dimensions.

PLEASE INSERT FIGURE 1 HERE

Reliability

The internal reliability for the impathy subscales were good (Meta-Position: α = 0.86; Internal Attention: α = 0.81; Accepting Attitude: α = 0.86; Understanding: α = 0.78). With a Cronbach's α of 0.92, the reliability of the Impathy Inventory is very good.

Construct Validity

Convergent and discriminant validity: The correlations between the Impathy Inventory and other measures are presented in Table 3. As expected, impathy correlated positively with general self-esteem (r = .67) and all aspects of emotional intelligence (Attention (r = .39), Clarity (r = .53), Repair (r = .53)). Furthermore, the composite scale on impathy (Internal Attention, Meta-Position, Accepting Attitude, Understanding) correlated positively and significantly with the empathy subscales Perspective Taking (r = .30) and Personal Distress (r = .50), but not with the empathy subscales Fantasy and Empathic Concern. Similarly, the associations with social desirability were in the lower domain.

Furthermore, all subscales and the composite scale on impathy were negatively correlated with anxiety (r = -.66, p < .001, see Table 4) and negative affect (r = -.42, p < .001). In line with our expectations, positive associations were found between the Impathy Inventory and indicators of well-being (positive affect (r = .56, p < .001) and life satisfaction (r = .48, p < .001)).

With regard to sociodemographic data, no differences in any of the impathy scales were observed between women and men (t(239.494) = -.31, p = .76, ns). However, differences were observed between age groups (F(2,527) = 13.448, p < .001), with subjects between 50 to 81 years of age (M = 2.94, SD = 0.58, n = 121) showing significantly higher scores on the composite scale on impathy than ages 15 to 29 (M = 2.63, SD = 0.57, n = 209) and 30 to 49 (M = 2.62, SD = 0.63, n = 200). With regard to relationship status, the groups were compared based on their impathy averages using a one-factor analysis of variance. A significant main effect for group membership was found

($F(3,526) = 7.287$, $p < .001$), with individuals living in marriage showing significantly higher impathy scores ($M = 2.86$, $SD = 0.55$, $n = 161$) than those not in a relationship ($M = 2.54$, $SD = 0.64$, $n = 153$) ($t(312) = 4.659$, $p < .001$). A follow-up examination showed no significant gender differences between participants who were married or not ($t(111.934) = 1.1$, $p = .28$, ns).

PLEASE INSERT TABLE 3 HERE

Discussion

The aim of this study was to develop and test a measure to assess impathy, understood as the introversive side of empathy. In order to do so, we employed a two-stage theory- and data-driven development process and tested the Impathy Inventory on a large sample of healthy participants. The results of our analyses show that the Impathy Inventory proves to be both valid and reliable. Furthermore, with its mere 20 items, the Impathy Inventory is efficient, both in the time it takes to fill out and to score (the Impathy Inventory will be made available in the electronic supplement).

On the basis of a multilevel, top-down process with discussion groups, an expert panel and a pilot study, a test version of the Impathy Inventory emerged with 63 items. In order to determine the final version of the scale, a psychometric evaluation was undertaken. The analyses yielded four intercorrelated factors: Internal Attention, Meta-Position, Accepting Attitude and Understanding. Congruent with the postulated theory, a fifth factor could not be clearly extracted to measure Impathic Reaction. As had been theorized, this supports that impathy can but does not necessarily lead to self-compassion and introversive helping behavior. This finding is in line with conclusions from research on empathy. Empathic interaction between first- and third-person experience through resonating builds a connection between the self and the other that allows the empathic observer to understand the other’s experience, which in turn can trigger compassion (Singer and Klimecki, 2014). Conversely, resonance with one's own experience in impathizing should imply an increased closeness with oneself and an epistemic moment. Consistent with this view, several scholars argue that introversive empathy is a

prerequisite for the development of self-compassion because without an accurate perception of one's own suffering, it will be difficult to react compassionately to oneself (e.g., Gilbert and Procter, 2006; Jordan, 1995; Morgan and Morgan, 2005; Neubrand, 2014). Currently, several researchers view compassion as an emotion (Goetz et al., 2010). Neff (2003b), however, conceptualizes self-compassion as an attitude with three two-poled factors (Self-Kindness vs. Self-Judgement, Common Humanity vs. Isolation, Mindfulness vs. Over-Identification). Mindfulness embraces a feeling of acceptance toward one's own experiences and metacognitive abilities in order to take on an observer position for one's thoughts and feelings (Bishop et al., 2004). The items in the Self-Compassion Scale (SCS; Neff, 2003a) that aim to measure mindfulness should therefore show an overlap with the items from the impathy dimensions Accepting Attitude and Meta-Position. One fundamental difference between the two scales should be that the Impathy Inventory aims at measuring the ability to *perceive* and *understand* one's own experiences without focusing primarily on positive or negative emotional content. In contrast, in the SCS participants are asked exclusively about how they *deal* with themselves in difficult situations. Against this background, we assume that impathy mirrors a singular construct that is related to but distinct from self-compassion. When a person is in need, impathy should imply a behavioral tendency toward self-compassion and introversive helping behavior. After the study was planned, we became aware of the newly developed German version of the SCS (SCS-D; Hupfeld and Ruffieux, 2011). However, we decided not to include it because the set of questionnaires was already extensive and we wanted to keep the "questionnaire burden" low. Thus, the question of whether impathy is a prerequisite for eliciting self-compassion and whether these two constructs are dissociable human phenomena is subject to future research.

The results on construct validity confirm our expectations. The Impathy Inventory correlates positively with empathy. For the empathy subscale Fantasy, only positive correlations on the dimension Internal Attention were significant. The Fantasy scale aims to measure the tendency to put oneself in the shoes of characters in a book or film (Paulus, 2009) which could explain the only significant correlation with Internal Attention. A certain amount of self-awareness is required in order to empathize (Decety and Jackson, 2004). Building on this, we can look at the significant positive correlations between the impathy

subscales Internal Attention and Understanding. The subscale Empathic Concern is meant to measure feelings toward others such as pity (Paulus, 2009) which is felt when the observer cannot distinguish well enough between their own emotions and what they are feeling vicariously through another person. In order to sustain clarity about the origin of an experience, empathy (Decety and Jackson, 2004) and impathy involve meta-cognitive processes. We argue that taking on the meta-position in the impathic process is similar to the regulatory mechanisms used in empathy and not the affective reaction to (another's) suffering. In accordance with this assumption, the dimension Meta-Position does not correlate significantly with Empathic Concern. Additionally, the predominantly high positive correlations with Personal Distress are not surprising since this subscale can be viewed as a measure of emotion regulation (Paulus, 2009). Supporting our original core assumptions on the relationship between empathy and impathy, these results can be seen as first indicators of the mutual process patterns of empathizing with one's own or another's experiences.

In line with our expectations with respect to strength and direction, positive correlations were found between the Impathy Inventory and both the Rosenberg Scale measuring self-esteem and the Trait-Meta-Mood Scale measuring perceived emotional intelligence. The results on social desirability showed no meaningful correlations. In general, correlations to related constructs are pronounced but not so high that the conceptual discreteness of the constructs should be contested. Instead, they can be viewed as indicators of the discriminant validity of the Impathy Inventory. Findings on criterion validity are equally in line with the hypotheses: Results show significant negative correlations with anxiety and negative affect as well as positive correlations with life satisfaction and positive affect. These findings provide preliminary support for the hypothesis of several clinicians that impathy may protect against mental vulnerability and promote subjective well-being. The examination of gender differences showed no significant results. The group of participants who were over 50 years old met expectations by showing significantly higher values on average impathy score than the group of 15 to 29 year-olds and 30 to 49 year-olds. In line with our assumptions, married participants showed a significantly higher average on impathy than participants who are not currently in a romantic relationship.

This study presents an endeavor to empirically measure individuals' ability to empathize with themselves and, more specifically, a first validation of the Impathy Inventory. The strengths of this work are evident in the multilevel, expert-based construction process as well as the large, non-student sample with participants from different German-speaking countries and with a considerable range of ages. It also contributes to greater clarity in the conceptualization of introversive empathy, which has so far remained without thorough theory-building. There are, however, limitations. The results are based on an online sample in which women are overrepresented. Furthermore, since individuals who took part may be interested in psychological and self-reflective phenomena, selection biases cannot be ruled out. Naturally, in order to achieve a comprehensive and conclusive evaluation of the Impathy Inventory, multiple future studies will be necessary, e.g., with clinical samples. Further validation studies should use confirmatory factor analysis to test the operationalization of the construct. Moreover, using a self-report instrument to assess impathy can only provide a partial picture of this human phenomenon. For this reason, and in order to avoid self-report biases and self-rating errors, future research should include, for example, third-party evaluations and performance assessments.

A self-report survey that assesses individual differences on impathy is an important starting point to enable basic research on a construct that, up to now, has primarily been recognized in psychotherapeutic theory and practice. Impathy is considered to be an approach that is concerned with both how individuals relate to every day experiences and how they relate to stressful experiences. If impathy is indeed health-promoting, promising applications of this construct include training and intervention programs for individuals who have difficulty processing their own experiences in adaptive ways. Studies show that it is the *way* a person builds a relationship with their own internal experiences that is problematic, not the internal experiences themselves (Nolen-Hoeksma et al., 2008). If impathy is a skill that can be fostered, instruments would be required that possess both the incremental validity and sensitivity to change. Whether the Impathy Inventory itself is able to measure individual changes will need to be looked at in future research.

Finally, in addressing the question of whether, and if so how, a person can become their own empathic counterpart, one might assume that the hypothesized similarity

between empathy and impathy oversimplifies matters, since the presence of two distinct physical beings, i.e., a subject capable of empathizing with an object, is part of most definitions of empathy. These and other fundamental questions about this psychological construct cannot be conclusively discussed here. However, if we follow the assumptions of respected researchers and practitioners in the clinical field, who suggest that introversive empathy is of great importance in the recovery and maintenance of mental health, the present work may pave the way to test these assumptions and expand understanding of impathy. Thus, the purpose of this work is to facilitate traditional psychological research and scientific discourse on this human phenomenon. Extensive empirical research efforts will be needed further on. However, if impathy is a human ability that can be meaningfully applied in psychological practice to help people who have difficulty sharing in and understanding their own experiences, this scientific avenue may be worth pursuing.

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Data availability

The data that support the findings of this study are available from the corresponding author on reasonable request.

Supplementary Information

The Impathy Inventory (German)

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Author Contributions

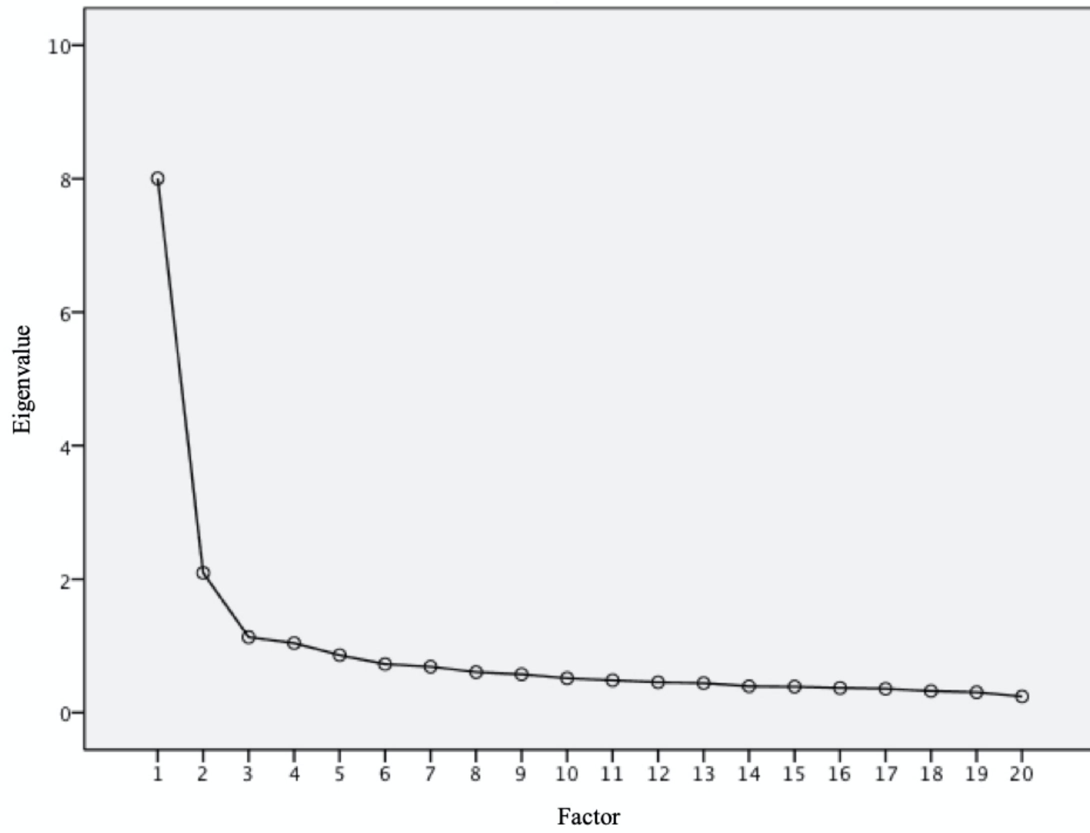
S.N. had the idea for the study, developed the study design, supervised all stages of the study, analyzed the data, and wrote the initial manuscript. S.N and J.G. contributed to reviewing and editing the manuscript and approved the final version of the manuscript.

Additional Information

The authors declare no competing interests.

Figures

Figure 1 Scree plot



Tables

Table 1 Items, descriptive statistics, corrected item-total correlations per subscale (r_{Fac}), corrected item-total correlations total scale (r_{Tot}), as well as factor loadings of the rotated four-factor solution and the communalities of the Impathy Inventory.

#	Item	*M*	*SD*	r_{Fac}	r_{Tot}	MP	IA	AA	UN	h^2
	Factor Meta-Position (MP):									
4	Wenn ich eine schwere Zeit durchmache, kann ich mich und meine Situation mit einem gewissen Abstand betrachten.	2.31	1.04	.71	.65	**.82**				.68
16	Wenn ich mich in einer schwierigen Situation befinde, nehme ich meine Gedanken wahr ohne mich von ihnen vereinnahmen zu lassen.	2.23	0.97	.72	.64	**.80**				.67
8	Wenn ich mich schlecht fühle, bin ich mir meiner Gefühle bewusst ohne mich von ihnen überwältigen zu lassen.	2.38	1.05	.67	.63	**.76**			.15	.62
20	Wenn ich eine sehr schwere Zeit durchmache, kann ich mich meinen Gefühlen bewusst zuwenden oder abwenden.	2.35	1.01	.65	.63	**.72**			.13	.63
12	Ich kann meine Gefühle und Gedanken betrachten ohne sie zu bewerten.	2.05	1.09	.62	.60	**.65**		.26	-.13	.59
	Factor Internal Attention (IA):									
1	Ich bin aufmerksam gegenüber meinen Gefühlen und Gedanken.	3.12	0.84	.70	.57		**.87**	-.16		.71
17	Ich setze mich mit meinen Gefühlen auseinander.	3.16	0.91	.65	.46		**.84**			.69
5	Ich nehme mir Zeit meine eigenen Bedürfnisse zu verstehen.	2.78	0.91	.63	.59		**.75**	.21	-.18	.65
9	Ich setze mich mit meinen Bedürfnissen und Sehnsüchten auseinander.	3.04	0.85	.62	.52		**.75**			.59
13	Meine Körperempfindungen helfen mir meine Gefühle besser zu verstehen (z.B., wenn sich mein Bauch verkrampft oder ich unruhig atme).	2.89	1.08	.45	.42	-.14	**.50**		.20	.38

	Factor Accepting Attitude (AA):									
3	Ich akzeptiere mich mit all meinen starken und schwachen Seiten.	2.55	1.04	.74	.62			**.89**		.75
6	Ich darf so sein wie ich bin.	2.89	1.01	.68	.59			**.86**		.68
10	Im Großen und Ganzen bin ich mit mir selbst im Reinen.	3.04	1.00	.66	.65		.12	**.69**		.62
14	Wenn die Dinge bei mir schieflaufen, verurteile ich mich nicht.	2.09	1.08	.64	.62	.34		**.54**		.59
18	Wenn mich etwas stark belastet, habe ich Verständnis für mich und meine Situation.	2.58	0.95	.66	.69	.17	.12	**.54**		.61
	Factor Understanding (UN):									
19	Ich glaube ich kenne mich sehr gut.	3.11	0.81	.63	.61			.24	**.74**	.63
2	Ich kann gut abschätzen was mir gut tut und was nicht.	2.96	0.84	.59	.56			.12	**.72**	.61
7	Ich nehme meine körperlichen Bedürfnisse schnell wahr.	2.82	0.93	.48	.48	.29	-.12	-.16	**.69**	.49
15	Es fällt mir leicht meine Gefühle zu verstehen.	2.84	0.90	.55	.55	.17	.18	-.17	**.60**	.54
11	Wenn ich mich niedergeschlagen fühle, weiß ich weshalb.	2.75	0.91	.52	.51	-.20	.22		**.60**	.55
	Percentage of variance explained					40.02	10.47	5.66	5.21	61.36

Notes. *M* = Mean , *SD* = Standard deviation, h² = Communalities. Factor loadings < .10 are not shown; loadings ≥ .50 are in bold.

Table 2 Inter-item correlations between factors of the Impathy Inventory.

	MP	IA	AA	UN
Meta-Position	1			
Internal Attention	.42	1		
Accepting Attitude	.62	.40	1	
Understanding	.50	.52	.47	1

Notes. MP = Factor Meta-Position, IA = Factor Internal Attention, AA = Factor Accepting Attitude, UN = Factor Understanding.

Table 3 Correlations of the Impathy Inventory with related measures and mental health measures.

	Meta-Position	Internal Attention	Accepting Attitude	Under standing	Impathy Inventory
Rosenberg Self-Esteem-Scale	.55***	.36 ***	.74 ***	.48 ***	.67 ***
TMMS Attention	.19 ***	.59 ***	.23 ***	.32 ***	.39 ***
TMMS Clarity	.45 ***	.60 ***	.44 ***	.66 ***	.65 ***
TMMS Repair	.56 ***	.36 ***	.66 ***	.45 ***	.63 ***
SPF Perspective Taking	.30 ***	.29 ***	.18 ***	.20 ***	.30 ***
SPF Fantasy	-.01	.20 ***	-.04	.08	.06
SPF Empathic Concern	-.06	.18 ***	-.04	.10 *	.04
SPF Personal Distress	.49 ***	.26 ***	.47 ***	.40 ***	.50 ***
SES-17	.09 *	.03	.10 *	.12 **	.10 *
STAI Trait Anxiety	-.60 ***	-.32 ***	-.72 ***	-.47 ***	-.66 ***
PANAS Negative Affect	-.37 ***	-.18 ***	-.50 ***	-.28 ***	-.42 ***
PANAS Positive Affect	.44 ***	.45 ***	.49 ***	.47 ***	.56 ***
SWLS Satisfaction With Life	.37 ***	.31 ***	.56 ***	.31 ***	.48 ***

Notes. TMMS = Trait-Meta-Mood-Scale, SPF = Saarbrücker Persönlichkeitsfragebogen, SES-17 = Social Desirability Scale 17, STAI = State-Trait-Anxiety-Inventory, Impathy Inventory = Total score on Meta-Position, Internal Attention, Accepting Attitude, Understanding.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Supplementary Information

The Impathy Inventory (German)

Das Impathie-Inventar
(The Impathy Inventory, German)

Im Folgenden finden Sie eine Reihe von Aussagen über Ihr Erleben und Ihren Umgang mit sich. Bitte beantworten Sie diese Aussagen spontan und wählen Sie diejenige Antwortalternative aus, die Ihrer Meinung nach im Allgemeinen am besten auf Sie zutrifft.

Sie können auf einer Skala von „0“ bis „4“ zwischen „trifft nicht zu“ und „trifft zu“ wählen. Mit den Werten dazwischen können Sie abstufen. Es gibt keine richtige oder falsche Antwort. Bitte lesen Sie jede Aussage sorgfältig durch und lassen Sie keine Frage unbeantwortet, da sonst die Auswertung erschwert wird.

		trifft nicht zu 0	**1**	**2**	**3**	**trifft zu 4**
1.	Ich bin aufmerksam gegenüber meinen Gefühlen und Gedanken.	o	o	o	o	o
2.	Ich kann gut abschätzen was mir gut tut und was nicht.	o	o	o	o	o
3.	Ich akzeptiere mich mit all meinen starken und schwachen Seiten.	o	o	o	o	o
4.	Wenn ich eine schwere Zeit durchmache, kann ich mich und meine Situation mit einem gewissen Abstand betrachten.	o	o	o	o	o
5.	Ich nehme mir Zeit meine eigenen Bedürfnisse zu verstehen.	o	o	o	o	o
6.	Ich darf so sein wie ich bin.	o	o	o	o	o
7.	Ich nehme meine körperlichen Bedürfnisse schnell wahr.	o	o	o	o	o
8.	Wenn ich mich schlecht fühle, bin ich mir meiner Gefühle bewusst ohne mich von ihnen überwältigen zu lassen.	o	o	o	o	o
9.	Ich setze mich mit meinen Bedürfnissen und Sehnsüchten auseinander.	o	o	o	o	o
10.	Im Großen und Ganzen bin ich mit mir selbst im Reinen.	o	o	o	o	o
11.	Wenn ich mich niedergeschlagen fühle, weiß ich weshalb.	o	o	o	o	o
12.	Ich kann meine Gefühle und Gedanken betrachten ohne sie zu bewerten.	o	o	o	o	o
13.	Meine Körperempfindungen helfen mir meine Gefühle besser zu verstehen (z.B., wenn sich mein Bauch verkrampft oder ich unruhig atme).	o	o	o	o	o
14.	Wenn die Dinge bei mir schieflaufen, verurteile ich mich nicht.	o	o	o	o	o
15.	Es fällt mir leicht meine Gefühle zu verstehen.	o	o	o	o	o
16.	Wenn ich mich in einer schwierigen Situation befinde, nehme ich meine Gedanken wahr ohne mich von ihnen vereinnahmen zu lassen.	o	o	o	o	o

17.	Ich setze mich mit meinen Gefühlen auseinander.	o	o	o	o	o
18.	Wenn mich etwas stark belastet, habe ich Verständnis für mich und meine Situation.	o	o	o	o	o
19.	Ich glaube ich kenne mich sehr gut.	o	o	o	o	o
20.	Wenn ich eine sehr schwere Zeit durchmache, kann ich mich meinen Gefühlen bewusst zuwenden oder abwenden.	o	o	o	o	o

Coding Key:

Impathy Inventory
(I) Internal Attention: 1, 5, 9, 13, 17
(II) Meta-Position: 4, 8, 12, 16, 20
(III) Accepting Attitude: 3, 6, 10, 14, 18
(IV) Understanding: 2, 7, 11, 15, 19

To calculate the impathy subscales, a mean value is formed from the item values of the respective subscale (I, II, III, IV).
To calculate a total score of impathy, a mean value is formed from the item values of the dimensions I-IV.

APPENDIX B: Manuscript 2

Neubrand, S., & Gaab, J. (2021). *The Missing Construct: Impathy.* (Manuscript submitted for publication).

The Missing Construct: Impathy

Stefanie Neubrand[1,2*] Jens Gaab[1]

[1]Division for Clinical Psychology und Psychotherapy, Faculty for Psychology, University of Basel, Basel, Switzerland

[2]sysTelios Clinic, Am Tannenberg 17, 69483 Wald-Michelbach, Germany

***Correspondence:**

Corresponding author: Stefanie Neubrand

stefanie.neubrand@unibas.ch

Abstract

This article is about sharing in and understanding feelings, which is considered a critical human skill for psychological health and clinical practice. However, while the ability to empathize with oneself has received considerable attention from the clinical community, this has not been paralleled by the same scientific scrutiny which was subject to the ability to empathize with others. Consequently, the ability to share in and understand one's own emotions has remained relatively unexplored, both conceptually and empirically. This work converges findings from empathy research and theories of the self into an operational definition of impathy with four dimension (Internal Attention, Meta-Position, Accepting Attitude, and Understanding), each substantiated with respect to its inherent empirical characteristics. Issues of differentiation from related constructs are discussed, suggesting that impathy exists as a distinct human capacity, which can be assessed and which has important clinical implications.

Keywords: impathy, impathic reaction, operational definition, Impathy Inventory, empathy

Introduction

The ability to perceive and understand one's own feelings has been identified as a key component of mental health (Salovey & Mayer, 1990; Schutte et al., 2007). The development of the ability to relate empathically to one's own experience has been emphasized as a central goal in psychotherapy (e.g., Barrett-Lennard, 1997; Bohart, 1991; Jordan, 1991, 2010; Kohut, 1984/2013; Neubrand, 2013; Riess, 2017; Rogers, 1975; Watson et al., 2014), in particular as a method to overcome trauma (Barth, 1988; Greenberg et al., 1996; Kress et al., 2018; Moor, 2007; Neubrand & Dietrich, 2017; Sherman, 2014) and to promote personal growth (Bohart, 1991; Rogers, 1975). Interestingly, this clinical and epistemological interest has not attracted the same scientific attention as has empathy, its interpersonal counterpart.

More than a century ago, the German word "Einfühlung" was translated into English as empathy (feeling into; Titchener, 1909, quoted after Wispé, 1986, p. 315). This ability *to feel oneself into* something or someone encompassed a broader understanding of empathy, including its introversive side (Stein, 1917). Today, empathy is studied in terms of how people can share in and understand the emotional states of *others* (for a similar definition, see Decety & Moriguchi, 2007; for a review, see Cuff et al., 2016). In contrast, contemporary psychotherapy increasingly recognizes introversive empathy as an approach of clinical relevance and applicability. Various developments in psychological treatment are discovering this introversive empathy to be a human capacity that enables people to relate adaptively to their own experiences rather than, for example, avoiding their own feelings and thoughts or criticizing and devaluing themselves. In doing so, individuals are enhancing their well-being in a self-efficacious way.

A Concept with Many Names

Introversive empathy has been referred to using a myriad of terminologies. For example, Snyder (1994) describes the human phenomenon of introversive empathy using the metaphor of an internal empathizer. Similarly, Schafer (1964) adopts the term intrapsychic empathy, while Jordan (1991) describes a self-empathy, and Kohut (1987) an attitude of expanded self-empathy. Furthermore, this concept has been described in many similar

but different ways: By Snyder (1994) as “the attitude of compassion and curiosity regarding one’s own experience that enables one to be simultaneously conscious of feelings and detached from them” (p. 97) and by Schafer (1964) as “a readiness to recognize, a capacity to discern one’s own feeling states sensitively and to care about them; it is an aspect of benevolent or loving superego function as well as attentive ego function” (p. 294). By Jordan (2010) as “the ability to bring an empathic attitude to bear on one’s own experience”, by Kohut (1984/2013) as “the indirectly perceived experiences of one’s inner life” (p. 220), by Håkansson (2003) as “empathizing with […] (4) one’s own experiences in the past, or (5) one’s own experiences in the future” (pp. 44-45), and Barrett-Lennard (1997) proposed that it “involves a form of empathy turned inward, as the articulate ‘I-self’ devotes special listening attention to the wider underlying ‘organic’ self” (pp. 108-109), indicating a sketchy and partially tautological theoretical basis for understanding the psychological processing of introversive empathy.

Even though these definitions postulate the existence of a focus on the attentive experience of one’s own feelings, these attempts did not set out to contribute to the clarity of the construct and in turn did not lead to further development and clarification with regard to proximal concepts. When a shared language for related phenomena is missing, ambiguity arises and empirical research is hindered (Suddaby, 2010). The challenge, therefore, is to develop a starting point that enables a growing understanding of the introversive side of empathy.

Reflecting this, and in incorporating current assumptions about the self, introversive empathic attention should not be directed toward "the self" because the self is an aggregate of abstract construction and cannot be directly experienced and understood (Baumeister, 1998) or itself experiencing and understanding (Metzinger, 2003). Rather, the self is a multilayered entity that can be conceived as an interplay of self-aspects. Leaving behind the view of the self as unitary and independent, a pluralistic understanding comes to the fore and directs the focus to intrapersonal relatedness and agency (Markus & Wurf, 1987) that can be usefully applied in psychological practice (for an example on impathy, see Neubrand & Dietrich, 2017). This is consistent with Rogers’ assumption that psychotherapy can enable the person to have a “real meeting with an aspect of himself” (Anderson & Cissna, 1997, p. 68). Accordingly, the ability to establish a first-person

perspective “I” is considered a prerequisite for having an empathic experience with oneself (for similar discussion of introspection, see Metzinger, 2003).

Therapeutic Considerations

It has been reasoned that a central function of the therapist's empathy, in addition to establishing and maintaining a viable therapeutic relationship (Lambert & Barley, 2001), is to help clients internalize this way of relating to themselves (e.g., Jordan, 2010; Watson et al., 2014). Furthermore, experiencing empathy with aspects of oneself can lead to sustainable intrapsychic structural transformations, which in turn promote psychological well-being (Jordan, 1991). However, if it is not possible for a person to be empathic with themself in a particular life situation, they may suffer some form of internal destabilization and dissociation (Bohart, 1991). Consequently, various clinical scientists see introversive empathy as an important component of psychological functioning (e.g., Barrett-Lennard, 1997; Bohart, 1991; Gilbert & Procter, 2006; Jordan, 1991, 2010; Kohut, 1984/2013; Neubrand, 2013, 2014; Neubrand & Dietrich, 2017; Riess, 2017; Rogers, 1975; Sherman, 2014; Watson et al., 2014). Furthermore, the development of introversive empathy has been proposed to play a significant role in the treatment of a range of clinical issues, including eating disorders (Barth, 1998), dissociative identity disorder (Neubrand & Dietrich, 2017), moral injury in war (Sherman, 2014), self-criticism and forgiving (Gilbert & Woodyatt, 2017), self-injury (Trepal, 2010), and trauma (Banks, 2006; Kress et al., 2018; Moor, 2007).

Others describe the ability for introversive empathy as an essential factor for being able to empathize with another (Barrett-Lennard, 1997; Håkansson, 2003), suggesting that growth in introversive empathy is associated with growth in empathy. Again, these assumptions are rooted in the theoretical origins of empathy, because „only he who experiences himself as a person, as a meaningful whole, can understand other persons” (Stein, 1989, p. 116). Moreover, this is in line with recent findings in empathy research which show that empathy for others unfolds in relation to the person themself (e.g., Decety & Moriguchi, 2007).

In sum, these positions postulate that psychological health is a function of the ability to be empathic with aspects of oneself, and that a significant lack of introversive empathy can lead to both increases in and prolonged periods of dysfunctional arousal, thereby increasing vulnerability to psychological suffering. The development of introversive empathy is expected to increase subjective well-being and health-promoting behaviors, and consequently, result in positive psychotherapy outcomes.

For example, relational-cultural therapy (Jordan et al., 1991) – a feminist therapeutic approach rooted in the psychodynamic tradition – is based on the idea that social connectedness contributes to the generation of a healthy "felt sense of self" (Jordan, 1997, p. 15), and that self-empathy is a crucial skill that needs to be strengthened for this (Jordan, 1991). In addition to counseling, for example, in the context of families and schools, relational cultural treatment models are used in the treatment of a wide range of mental health issues (Jordan, 2010). In a study with women diagnosed with eating disorders, short-term group relational therapy demonstrated as significant a reduction in bulimic and depressive symptoms as short-term group cognitive-behavioral therapy (Tantillo & Sanftner, 2003). From the perspective of scholars from the client-centered approach, an essential salutary function of empathy is to provide clients with a positive experience of how to deal with themselves in a way that enables them to navigate their lives with a sense of self-efficacy (Bohart, 1991). Consequently, Rogers (1975) concluded that the experience of being understood empowers the client to relate to themselves with increased empathy, thereby becoming "a more effective growth enhancer, a more effective therapist for himself" (p. 9). Likewise, empathy is considered fundamental to the client's progress in emotion-focused therapy, especially because it promotes the client's empathy with themself (Watson, 2007).

These therapeutic perspectives share the common feature that they point to a process in which experiencing an empathic therapeutic environment facilitates the development of introversive empathy within the client. In this understanding, change in psychotherapy goes hand in hand with how a client shapes their relationship with themselves. Watson and colleagues (2014) conducted a study in which depressed clients attended a weekly session of cognitive behavioral therapy or emotion-focused therapy for 16 weeks. These clients were asked to rate the empathy of their therapist. Results indicate

that the perceived empathy of the therapist is associated with significant reductions in dysfunctional intrapersonal relating, e.g., decreases in self-criticism and self-blame.

In addition, Kohut (1987) emphasized the importance of teaching clients a health-promoting attitude toward themselves, so that they can develop a broader understanding of themselves: “This is essentially an attitude of expanded self-empathy – an expanded capacity for empathy with one’s own past and with aspects of oneself that one does not or not fully possess, including aspects of oneself that have not yet been expanded – in other words, with one’s own future possibilities” (p. 188). Another more recent therapeutic approach that identified the importance of increasing empathy for oneself is compassion-focused therapy (CFT, Gilbert 2009). This approach postulates empathy for oneself as a crucial competency for the development of compassion. It combines training in empathy for oneself and others with, e.g., training in caring for well-being, and stress tolerance. A growing body of research points to the effectiveness of CFT across a wide range of well-being and mental health outcomes (for reviews see, Craig et al., 2020; Leaviss & Uttley, 2015).

Although there is an evolving recognition of introversive empathy in the clinical community, interest in this human capacity has grown without accurately specifying the observed phenomenon into a definition that captures the underlying qualities and characteristics which would allow for careful evaluation. As a result, these assumptions have so far remained without thorough investigation and consequently without empirical significance. To address these limitations, the overarching aim of this article is to provide an operational definition of introversive empathy that specifies its dimensional model to help clarify the construct and enable measurement and empirical research.

From Empathy to Impathy

For empathy to arise, it is necessary to focus sufficient attention to the state of another person (Preston & de Waal, 2002). It involves the ability to feel oneself into the state and situation of another "as if" it were one's own, and to meet them with acceptance and openness (Rogers, 1959) while maintaining sufficient awareness that the source of the shared experience originates in the other and not in oneself (e.g., Decety & Jackson,

2004). For example: “I share your sadness and I am aware that the source of sadness is within you”. Empathy involves the intention to focus one's attention in a particular way to another’s experience (Zahavi, 2008). This interaction between first-person experience and third-person experience through affective sharing enables a person to grasp consciousness outside of oneself and to understand it (e.g., Stein, 1917; Preston & de Waal, 2002). According to various empathy researchers, empathy is a process in which affect and cognition are mutually interrelated (Cuff et al., 2016). That is, to ensure that sharing another’s state does not lead to personal distress and self-focused reaction, empathy encompasses (meta)cognitive mechanisms to regulate one's emotions (Decety & Jackson, 2004; Eisenberg et al., 1994; Hoffman, 1982). Empathy is considered a human capacity that can lead to an empathic reaction and elicit concern for another, i.e., compassion (Singer & Klimecki, 2014). Empathy and compassion are identified as essential for the development of morality and helping behavior (Batson & Shaw, 1991; Eisenberg & Miller, 1987; Goetz et al., 2010; Hoffman, 2008). However, empathy varies according to situational and interpersonal factors (Akitsuki & Decety, 2009; Gonzalez-Liencres et al., 2013).

In this understanding, introversive empathy can in a simplified sense be understood as empathy turned inwards. Therefore, the basic premise of this paper is to meaningfully apply this understanding of empathy as an intersubjective capacity to the intrasubjective level of impathy. Accordingly, the definition of impathy encompasses the ability to accept and share in one's own experiences and circumstances, thereby understanding them whilst being sufficiently aware of the fact that the source of the shared internal experience represents discrete feelings, thoughts and sensations rather than the individual in their complex entirety. Impathy is part of an intrapersonal process that can lead to self-compassion and motivate introversive helping behavior in times of suffering. This definition of impathy reflects the multidimensional nature of empathy and explicitly refers to the significance of subjectivity in impathic experience which is embedded in an internal and external context of meaning.

Structure and Process of Impathy

It is unlikely that a single factor can be found to explain a human phenomenon of such complexity, thus the goal in operationalizing impathy is not to find just one, but several meaningful factors. Drawing on conceptualizations of empathy, the nature of impathy is understood as multifaceted with interdependent processing of several dissociable dimensions and their underlying psychological processes.

Four major subdimensions are suggested to generate the experience of impathy: The first dimension involves the perception of one's own physical and psychological phenomena, thereby turning the focus of attention inwards and establishing a connection with one's own states. The second dimension includes the ability to develop and maintain sufficient mental flexibility in relation to one's inner experiences. The third dimension comprises a particular attitude in which attention is directed to one's own experience, an attitude characterized by openness and acceptance. The fourth and final dimension refers to understanding and contextualizing one's own sensations. This view implies that none of the four subdimensions is sufficient by itself to enable the human capacity for impathic processing. For example, in the absence of adequate metacognitive activity, inward attention focused on an emotion (e.g., fear) may cause the individual to experience a very high level of arousal stimulated by their own affect, resulting in personal distress. The four subdimensions of impathy are specified in the following.

Internal Attention

To generate an impathic experience, a person directs their attention inward to their present sensations - temporarily perceiving and participating in their thoughts, feelings, physical sensations and their own circumstances.

Impathy can be initiated by a variety of situations. It can be activated more or less automatically, e.g., when I am injured in an accident or when a sad memory suddenly appears in my mind's eye. It can also be elicited intentionally in response to a person purposely seeking to realize an impathic process. For example, when a person sits in front of their sad "I" in a therapeutic chair work and empathizes with it, or when a person has

an imaginative encounter with themself in a hypnotherapeutic session (Neubrand & Dietrich, 2017). Regardless of the way the activation of inward attention is triggered, in the course of the impathic process the person becomes an active agent, directing their attention to a perceptible inner entity, e.g. a feeling of fear in the chest (for discussion of attentional agency, see Metzinger, 2003).

For a person to be able to generate a sense of immediate awareness of these phenomena, they should be able to focus a sufficient amount of attention on their own experiences. Ingram (1990) defines self-focused attention “as an awareness of self-referent, internally generated information” (p. 156) which includes phenomenal information, for example, about physical states, memories, and feelings. All of the phenomenal states available to a person at a certain moment qualify as content for intrapersonal processing (Swann & Bosson, 2010) and thus as the subject of impathic attention.

In psychological practice, it is usually expected that people possess at least a minimum level of contact to their own feeling states. There are, however, people who find it very challenging to recognize and understand their own emotions which is considered a key characteristic of alexithymia. Alexithymia is associated with a broad spectrum of disorders that involve impairments in accessing and utilizing personal experiences as a reference for one's behavior (Ogrodniczuk et al., 2011) and, in sum, presumably imply deficits in impathy. Alexithymia is a personality trait which should be conceptually linked to impathy though located at the opposite end of a shared continuum.

Meta-Position

Impathy also refers to the ability to engage with one's own phenomena and at the same time not fuse with them - by regulating the inner movement between more proximal and more distal experiences. In this way, a person can experience their autonomy and flexibility in navigating an impathic encounter.

Skills in meta-level processing should provide the subjective experience of intentionally realizing an internal act as a phenomenal "I", i.e., keeping the focus of attention on a self-chosen aspect of one's own experiences for a specific time and in a

specific way (Metzinger, 2003). The ability to develop a meta-position allows the person to create an internal "in-between" in order to relate to their own phenomena purposefully (Gonçalves & Ribeiro, 2012). Purposeful intrapersonal behavior here means that the impathic process is guided by an executive quality. A central aspect of executive functioning is to enable a person to choose *how* to deal with themself (Baumeister, 1998).

Consequently, one prediction of this model is that increases in impathy are associated with improvements in meta-level processing. Skills in meta-level processing provide greater psychological flexibility in dealing with experiences (Decety & Jackson, 2004). Metacognitive skills are considered to be of major importance for mental health (Bernstein et al., 2015) and change processes in psychotherapeutic treatment (Teasdale et al., 2002) because the ability to empirically distance oneself from oneself provides an internal context in which a person can develop healthier communication with themself (Cunha et al., 2011). Consequently, it is hypothesized that the development of impathy facilitates the development of more flexible forms of intrasubjective relating as the person learns to regulate their closeness and distance to their emotional states to allow for impathic experience.

Accepting Attitude

In impathic experience, the person engages in an active process to grasp their feelings in a certain way. This way of phenomenal processing involves allowing one's own feelings, thoughts, bodily sensations, and situation to become the focus of one's attention without evaluating them as to whether they are pleasant or unpleasant; in other words, "adjusting" them as little as possible to one's ideal conception of oneself and of reality.

Hayes and colleagues (2006) define acceptance as actively attending to one's own experience while avoiding any dysfunctional efforts to modify it. Acceptance characterizes active intrapersonal behavior, as the person intentionally attempts to engage in an open and non-judgmental contact with their own feelings and thoughts (cf. Bishop et al., 2004). Impathy can be understood as an intrapsychic process that is neutral toward the content of one's experience but intentional toward the way that content is processed. The adoption of an accepting attitude in the development of impathy could lead to a reduction of inner

criticism and judgment. Research suggests that self-criticism is associated with depression (Blatt et al., 1976; Blatt & Zuroff, 1992). Acceptance-based therapy approaches integrate these insights by educating and training people to perceive their thoughts and emotions without judging them or getting carried away by them (Hayes & Feldman, 2004). Accepting oneself is considered a key aspect of well-being (Ryff, 1995) and is usually accompanied by distancing oneself from one's experience. However, while promoting internal distancing mechanisms can lead to greater acceptance and the other way around, one difference between these approaches is that distancing oneself from challenging personal events does not automatically translate into acceptance of those events (Herbert & Brendsma, 2015).

Understanding

Impathy is about intentionally engaging in inner contact, thereby increasing the level of accuracy in the encounter with oneself - by allowing a particular inner phenomenon to become the focus of affective sharing.

The ability to share in one's own inner experience (e.g., a feeling of anxiety, an imaginary success) should be necessary in order to develop a deeper understanding of one's own experience. By focusing attention on a particular internal phenomenon (e.g., a tightness in the chest), this phenomenon takes on a figurative character in comparison to the surrounding inner perceptual context (Silvia & Gendolla, 2001), thus forming a contrast within the stream of consciousness and becoming an object available for internal processing (Metzinger, 2003). In this way, the accuracy of understanding of this phenomenon can be increased (Silvia & Gendolla, 2001). The contents of inner phenomena possess a functional property that can be empathized (for an example of memory, see Stein, 1917) as can the way in which a person relates to their experiences. This implies that, in addition to the understanding that is revealed in one's own experiences, it is also possible for a person to gather meta-knowledge about *how* they process their own feelings, memories, longings, etc. (Metzinger, 2003).

Based on this conceptualization, it can be speculated that impathizing may enable people to sharpen their self-knowledge. Strengthening introversive empathy over time is

likely to lead to a more realistic assessment of one's own capabilities and limitations (Gilbert & Woodyatt, 2017), creating favorable conditions for coping with future challenges and effective problem solving. Social problem solving (McCabe et al., 1999) correlates with higher self-esteem as does greater and consistent self-knowledge (Campbell, 1990; Stinson et al., 2008). Impathy should therefore correlate positively with measures of self-esteem. In addition, understanding one's own emotional states increases one's ability to empathize with others (Preston & de Waal, 2002). Congruently, researchers suggest that impairments in empathy are associated with alexithymia (Bernhardt & Singer, 2012; Decety & Moriguchi, 2007; Ogrodniczuk et al., 2011).

From Impathy to the Impathic Reaction

In the course of an impathic experience, a person develops closeness with themself and gains access to a broader spectrum of their own reality. They discover aspects they were not aware of before and develop a richer understanding of themselves, which enables them to react more adequately to their personal phenomena and to utilize the impathic experience as a reference for their behavior.

An example of such an experience could be: "I now understand that I was very alone when I sat at my dying partner's bedside". This deeper understanding can be irritating at first, and it can be a catalyst for changing the way a person reacts to their experiences. It is the source for the change of a person's self-concept (Rogers, 1975). This change, in turn, motivates a person to modify their behavior so that it is consistent with their evolving sense of self because, as Rogers further argues, people strive for a feeling of inner congruence. The impathic experience, therefore, should provide an internal reference to which a person can turn for guidance on how to respond skillfully to their inner conditions and circumstances (cf. Bohart, 1991; Rogers, 1975). One such response may be, "I feel compassion for my past "I", because now I understand that I, too, needed someone to be there for me.”

Accordingly, impathy is part of an intrapsychic process that can trigger an impathic reaction. This means that in this work, impathy is understood as a singular conceptualization which implies the separation of impathy and a response behavior. Since

every human experience is embedded in a personal situation, impathy and the impathic reaction can be assumed to be related to the individual's perception of their context and personality. Whether an impathic process and reaction are appropriate or inappropriate, moral or immoral, is subject to the individuality and autonomy of the impathic person.

In summary, impathy comprises four core dimensions: Internal Attention, Meta-Position, Accepting Attitude, and Understanding. Impathic experience forms an internal reference that provides guidance in shaping one's own behavior. When a person experiences suffering, impathy should imply a behavioral tendency toward self-compassion and introversive helping behavior.

Similarities with and Differences to Related Constructs

Based on the presented understanding of impathy, several other constructs show theoretical proximity as well as differences which shall be described in the following. First, impathy shows similarity to constructs encompassing *affective* experiencing. In this sense, impathy could be seen as a mediating factor for the emergence of self-compassion (feeling concern for oneself; Gerber & Anaki, 2021), as an accurate understanding of one's own distress should facilitate compassion for oneself. Compassion, in turn, is an important factor in eliciting helping behavior aimed at alleviating suffering (Goetz et al., 2010). Consequently, increasing impathy should be associated with an increase in introversive helping behavior, especially when mediated by self-compassion. According to Neff (2003b) self-compassion entails three components: self-kindness vs. self-judgment, common-humanity vs. isolation, and mindfulness vs. over-identification. A growing body of research shows associations between self-compassion and well-being (for a review, see Zessin et al., 2015) and indicators of mental health (for a review, see MacBeth & Gumley, 2012). However, although these constructs may be related, there are good reasons to distinguish between them. Impathy, building on insights from empathy research (e.g., Bohart, 1991; Decety & Michalska, 2010; Eisenberg & Miller, 1987; Singer & Lamm, 2009), is understood as a “feeling with oneself,” whereas self-compassion is rather a "feeling for oneself”. “Feeling with” indicates that the feelings one experiences are in some way congruent between the phenomenal „I" and the primordial, i.e., original, inner state

(e.g., “I feel joyful when I share the joy of my past ‘I’"; cf. Stein, 1917). "Feeling for” oneself, on the other hand, indicates an incongruence between the feelings one has with respect to the phenomenal “I” and the primordial inner state (e.g., “I feel concern for myself now that I understand the sadness of my past ‘I’"). Accordingly, "self-compassion" should be located in a common field with impathic reaction. Impathy, however, is not exclusively concerned with the experience of suffering. Fan and colleagues (2011) identified a broad range of emotions that can trigger empathy, including anxiety, anger, happiness, pain, and sadness. It stands to reason that there will be different impathic reactions depending on the affective state a person is impathizing with (e.g., self-compassion when grieving for a loved one, happiness when remembering a joyful moment).

While empathy is conceptualized as the sharing of affect, the emotion shared, although it may feel similar, is still different from the emotion evoked in the empathic observer (Singer, 2006). With impathy, the term sharing refers to a person sharing a part of their own experiences (e.g., fear), which implies that impathizing goes beyond affective experiencing and also shows associations with constructs involving *cognitive* capacities. That is, impathy, as conceptualized here, involves both an affective component, to establish an internal relationship through sharing, and a cognitive component, to distinguish between the phenomenal subject “I” and its discrete personal experiences. This metacognitive ability to regulate the interplay of proximity and distance to internal phenomena should be similar to constructs such as decentering (Safran & Segal, 1990), cognitive defusion (Hayes et al., 2012) or mindfulness (e.g., Bishop et al., 2004). They all describe metacognitive capacities that enable people to navigate their focus of attention in a specific way and to tolerate aversive personal phenomena (for a review of decentering-related constructs, see Bernstein et al., 2015). Moreover, this cognitive aspect distinguishes between empathy and emotional contagion (Decety & Jackson, 2004). If this metacognitive capacity is significantly lost, a person may become absorbed by their own states and instead of self-compassion the development of self-pity becomes likely (Neff 2003a). People who feel pity for themselves are prone to overshare their own difficulties and become absorbed in their feelings and thoughts (Stöber, 2003).

Impathy may also be similar to psychological concepts that include self-reflective attention, such as introspection (looking inward with the goal of “examining the contents

of one's mind"; Wilson, 2002, p. 159), objective self-awareness (a person becomes the object of their reflection; Duval & Wicklund, 1972), private self-consciousness ("the consistent tendency of persons to direct attention inward"; Fenigstein et al., 1975, p. 522), and self-monitoring ("self-observation and self-control guided by situational cues to social appropriateness"; Snyder, 1974, p. 526). What separates impathy from these psychological constructs is that the latter are used to evaluate one's mental and emotional content. However, as has been discussed, analyzing and judging should be in contrast to impathy. Their common feature is, therefore, likely to be an increase in understanding. For example, understanding feelings through empathizing differs substantially from understanding through mentalizing (Singer, 2006). Similarly, understanding one's own feelings through affective sharing via impathy should be different from understanding through self-reflection, e.g., via introspection. That is, impathically understanding feelings of shame should be different from introspectively trying to understand what personal factors (e.g., past behaviors, character traits) have caused one to be in a shameful situation (e.g., "If I hadn't been lazy and prepared well instead, I wouldn't have embarrassed myself in front of my colleagues"). Both mentalizing (Singer, 2006) and introspection lack affect and physicality.

In conclusion it can be reasoned that there are functional differences between impathy and related constructs. Impathy, as defined here, includes both an affective component and a cognitive component. Although impathy may lead to emotional (e.g., self-compassion) and/or behavioral reactions (e.g., introversive helping behavior), these implications are not part of impathy itself, but reflect possible outcomes of engaging in an intrasubjective process that begins with feeling oneself into one's own experience.

Clinical Considerations

The observation by various scholars that people are able to learn to empathize with themselves is highly relevant to psychological practice because it reveals a person's potential to become an impathic agent in their own right. It is theorized that it is through one's own affective sharing that the person is enabled to have certain possibilities, e.g., the intrapsychic possibility of (re)connecting with previously rejected or dissociated

experiences by turning to them in an impathic process (see Jordan, 1991; Bohart, 1991; Neubrand & Dietrich, 2017 for the example of traumatic experience). Such impathic discoveries, it is further hypothesized, may hold the potential to change a person's psychological structure (Jordan, 1991). As discussed earlier in this work, several researchers have suggested a process in which the experience of the therapist's empathy implicitly influences the way clients relate to themselves. That is, they assume that the experience of an empathic context in therapy can give rise to something new within the client, something that the client is able to grasp and integrate into themselves. This perspective offers a coherent explanation of how empathic characteristics of the therapeutic alliance influence a person's mental content, pointing to an intersubjective process by which individuals integrate qualities of the other into their own concept of self (Aron et al., 1991). Consistent with this, research shows that closeness in interpersonal relationships generates an expansion of oneself, in that one's self-concept grows to include new attributes (Aron et al., 1995).

For example, many individuals struggling with bulimia display a very self-critical attitude and are "therefore unable to empathize with themselves" (Barth, 1988, p. 272). For the affected person, the therapist's empathy often represents an opportunity to have a new interpersonal experience (Barth, 1988). Adverse self-evaluations are also a common consequence of rape. The therapist's empathic statements act as a mirror reflecting empathy in contrast to the client's self-critical statements. This empathic echo creates space for a different view of oneself, understanding that suffering has been inflicted on one (Moor, 2007). Self-judgment and self-destruction can then be let go of and "self-empathy and compassion are expected to follow, and to give way, in turn, to affirming views of self" (Moor, 2007, p. 26). According to Barth (1988) „such „self“ empathy is necessary before the feelings can be integrated into the individual’s overall sense of self“ (p. 272). In summary, the experience of second-person empathy is thought to implicitly enable the development of first-person empathy (cf. Sherman, 2014), namely impathy.

If, however, the ability to impathize is of such great importance for mental health and therapeutic change, the question arises as to how it can be explicitly addressed, i.e., whether there are ways to target the client's impathy in psychotherapy that go beyond implicit learning experiences. For example, the two-chair intervention aims to facilitate

clients to develop empathy for themselves and dissolve their self-critical beliefs (Barnard & Curry, 2011). Against this background, research on self-compassion suggests that this intervention, by aiming to promote impathy, is highly beneficial for increasing self-compassion (Neff et al., 2007). Consequently, Neff and colleagues (2007) conducted a study in which they used the two-chair technique and asked participants to recall a situation in which they had been critical of themselves, showing that enhanced self-compassion was correlated with enhanced well-being. These findings could be understood that impathy is a strong proximal determinant for the development of self-compassion. Moreover, as hypothesized for self-compassion (Luoma & Platt, 2015), impathy may be implicit to “self as context”, a key principle in Acceptance and Commitment Therapy (Hayes et al., 2006), because “self as context interventions often focus on increasing more flexible, empathic ways of relating to oneself" (Luoma & Platt, 2015, p. 99). In Buddhist traditions, empathy is considered a human capacity that can be cultivated explicitly in relation to oneself and in relation to others, e.g., through loving-kindness meditations (Kristeller & Johnson, 2005) which are increasingly incorporated in the treatment of mental health problems. Neubrand and Dietrich (2017) provide another example of the application of impathy in psychotherapy by integrating both indirect and direct ways to promote impathy in the treatment of people with dissociative identity disorder in the context of hypnosystemic therapy.

Conclusions

As awareness of the clinical significance of impathy increases, so does the need for thorough investigation in this field. Assumptions about experiential manifestations and theoretical descriptions in the clinical literature provide initial clues about the nature of introversive empathy. The task, therefore, is to facilitate basic scientific research so that understanding about this psychological construct can grow and, in turn, support psychological practice. To provide a solid foundation for empirical research, a conceptual basis of impathy is needed that will enable the construction of valid measurement instruments. This will allow for the examination of previous assumptions as well as emerging research questions about impathy, both in terms of its empirical properties and

its potential significance for the advancement of psychotherapy. This work proposes a testable operational definition of impathy with four dimensions: Internal Attention, Meta-Position, Accepting Attitude, and Understanding. Based on this conceptualization, Neubrand and Gaab (2021, under review) developed and evaluated a measurement instrument, the Impathy Inventory. As such, together with the conceptual work presented here, the foundation has been laid for empirical research on impathy.

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APPENDIX C: Manuscript 3

Neubrand, S., & Dietrich, D.J. (2017). Dissoziation als Kompetenz. Mit hypnosystemischen Methoden die Selbstwirksamkeit stärken. *Psychotherapie im Dialog, 18*(3), 59-63. https://doi.org/10.1055/s-0043-111292

Dissoziation als Kompetenz

Mit hypnosystemischen Methoden die Selbstwirksamkeit stärken

Stefanie Neubrand, Daniel J. Dietrich

Dissoziative Phänomene beinhalten adaptive Funktionen, die als gesundheitsdienliche Kompetenz in Therapie und Beratung mit hypnosystemischen Methoden utilisiert werden können. Die Stärkung einer individuellen Steuerungsfähigkeit für mehr Flexibilität in der Gestaltung von Übergängen zwischen verschiedenen Ego-States sowie die Förderung einer impathischen (ich-bezogen empathischen) Beziehungsgestaltung für eine größere innere Verbundenheit stehen dabei im Mittelpunkt.

„Aber der Kreis ist nur ein Bild und es gilt die Frage nach der Sache.“ (Gustav Theodor Fechner)

Die Geschichte als Brücke

Bereits Pierre Janet (1859-1947), Begründer der Dissoziationsforschung, beschrieb Ähnlichkeiten von dissoziativen und hypnotischen Zuständen. Janet postulierte auf der Basis von Studien, in denen er Hypnose zur Behandlung von Hysterie einsetzte, dass Dissoziation den Mechanismus darstellt, der typischerweise der Hysterie zugrunde liegt. Zu dieser Zeit fielen unter den Begriff „Hysterie“ Störungen, die im ICD-10 (Dilling et al. 2013) heute z.B. als dissoziative Störung und Posttraumatische Belastungsstörung kategorisiert werden (van der Hart & Friedman 1989).

Einordnung von „krank“ oder „gesund“

In Übereinstimmung mit gegenwärtigen Konzeptualisierungen verwies Janet darauf, dass es auch niedrigere Ausprägungsgrade von Dissoziation gibt und dissoziative Phänomene

ebenso bei „normalen“ Individuen auftreten (van der Hart & Horst 1989). Dennoch gehen diese Darstellungen von der Existenz einer psychopathologischen Form der Dissoziation aus. Aus systemisch-konstruktivistischer Sicht ist dieses Verständnis fraglich, da die Einordnung dissoziativer Phänomene als „pathologisch“ oder „gesund“ dem Betroffenen selbst obliegt (Korittko & Pleyer 2016).

Dissoziation als Kompetenz

Dissoziation, verstanden als eine Unterbrechung der „normalen“ Integration von Erleben (Dilling et al. 2013), ist eine adaptive Antwort auf etwas, das vom Organismus als überwältigend wahrgenommen wird (Putnam 1997). Der vorliegende Artikel richtet den Fokus auf einen Einblick in die Erforschung der adaptiven Funktionen von Dissoziation und lädt ein, Dissoziation als Kompetenz zu betrachten und für die therapeutische Arbeit zu utilisieren.

Die Erforschung von Dissoziation als Kompetenz eröffnet einen anderen Blickwinkel und ermöglicht dadurch neue Ideen und Wege in der Therapie.

Hypnosystemischer Zugang

Um sich der Frage anzunähern, wie Dissoziation, die Menschen mit Traumafolgestörungen oft als intensives Leid empfinden, als eine Kompetenz verstanden werden kann, ist es sinnvoll, den Blick zunächst auf dissoziative Alltagsphänomene zu richten, um daraus Implikationen für die Stärkung dissoziativer Kompetenz abzuleiten. Für eine ressourcenorientierte Betrachtung der Dissoziation bietet sich aufgrund der Integration von systemischen und hypnotherapeutischen Gedanken (Erickson & Rossi 2015) das hypnosystemische Konzept (Schmidt 2015) an.

Dissoziative Phänomene im Alltag

Funktion von Dissoziation

Dissoziation ist eine Möglichkeit, Information zu organisieren, und ermöglicht eine Aufteilung von Erleben (van der Kolk & McFarlane 1996). Die Fähigkeit, Aufmerksamkeit aufzuteilen, wird gewöhnlich an dem Beispiel „Highway-Hypnose“ illustriert; einem mentalen Zustand, in dem eine Person eine längere Strecke Auto fährt, ohne sich anschließend daran zu erinnern, dies bewusst getan zu haben. Aber auch andere Beispiele für dissoziative Kompetenz lassen sich im Alltag reichlich finden: So können Kinder vollständig in ihr Spiel versunken sein und Schauspieler können sich innere Welten erschaffen, die sie bei ihrem kreativen Tun unterstützen, um mit Haut und Haar in eine Rolle zu schlüpfen (Becker-Blease 2013).

Dissoziative Fähigkeiten werden von allen Menschen genutzt – sie ermöglichen die Entstehung kreativer Prozesse, der Neustrukturierung, der Reintegration und das Erleben von Flow.

Dissoziation als kreative Lösung

Studienergebnisse zeigen, dass Romanautoren über höhere Dissoziationswerte verfügen als die Allgemeinbevölkerung, und dass Autoren, deren Werke veröffentlicht wurden, häufiger von dissoziativem Erleben berichten als solche ohne Veröffentlichung. Eine Erklärung ist, dass eine Person, die sich tief in eine Geschichte versenkt, eher in der Lage ist, Charaktere sehr real werden zu lassen, und dass dies hilfreich ist, um gute Belletristik zu schreiben (Taylor et al. 2003).

Die Reaktionen auf aktuelle Ereignisse und Erlebnisse sind nicht unbedingt ungewollt und reflexiv. Sie können auch intelligente und kreative Lösungen sein (Braude 2002).

Von „normaler“ Dissoziation lernen

Alltagsbeispiele zeigen subtilere Manifestationen von Dissoziation, als sie in den Klassifikationssystemen beschrieben werden. Die Betrachtung adaptiver Funktionen wirkt der Pathologisierungstendenz von Dissoziation entgegen und eröffnet Möglichkeiten, auch leidvolle Erlebensweisen in adaptive Fähigkeiten zu verwandeln (Fisher 2001). Anstatt dissoziatives Erleben "wegzutherapieren", steht die Suche nach einem klugen und kreativen Umgang mit den dissoziativen Fähigkeiten im Zentrum des therapeutischen Prozesses.

Die Ressourcen unter dem Leid

Funktion der Dissoziation als Traumafolge

Während eines Traumas und im Anschluss daran ist die Dissoziation ein Verteidigungsmechanismus (Spitzer et al. 2006) und dient der Stressbewältigung (van der Kolk & McFarlane 1996). Sie kann als Abwehrreaktion des psychischen Immunsystems verstanden werden (Korittko & Pleyer 2016) und im Zusammenhang mit einem Trauma drei Funktionen erfüllen (Putnam 1997):

- Die Aufmerksamkeit in zwei oder mehr Bereiche aufteilen,
- eine Trennung von Affekt und Information erreichen,
- durch eine Veränderung des Selbst eine Distanzierung vom Erleben ermöglichen.

Mit unvereinbaren Konflikten leben

Einer sexuell missbrauchten Klientin können ihre dissoziativen Fähigkeiten helfen, durch Depersonalisationsreaktionen im Alltag Distanz zu überwältigenden Ereignissen zu entwickeln. Einem Jugendlichen kann ein separiertes, aber simultanes Bewusstsein ermöglichen, einerseits zu wissen, dass die körperlichen Misshandlungen durch Bezugspersonen falsch waren, während in einem anderen Strom des Bewusstseins die Idealisierung und Loyalität gegenüber den Erwachsenen intakt bleiben kann. Die Aufteilung (compartmentalization) und die damit verbundene Amnesie erlauben es, mit

andernfalls unvereinbaren Konflikten zu leben oder kognitive Dissonanz zu vermeiden (Fisher 2001).

Die dissoziative Kompetenz des Therapeuten

Dissoziative Fähigkeiten zu nutzen ist zentral für die therapeutische Begleitung von Menschen, die unter Traumafolgestörungen leiden. Indem es dem Therapeuten gelingt, Affekt und Information ausreichend zu trennen und sich damit vom eigenen Erleben zu distanzieren, wird es ihm möglich, an der traumatischen Geschichte Anteil zu nehmen, ohne emotional überwältigt zu werden (Fisher 2001), und das Risiko einer sekundären Traumatisierung zu verringern (McCann & Pearlman 1990).

Netzwerke zur Steuerung von Dissoziation und Assoziation

Das Ego-States-Modell

Das Persönlichkeitsmodell der Ego-States beschreibt die Psyche des Menschen als ein System aus inneren Anteilen (Federn 1952). Daraus wurde ein methoden- und schulenübergreifendes Therapiekonzept entwickelt (Watkins & Watkins 2012). Ich-Zustände können als der Niederschlag von Beziehungserfahrungen des Menschen verstanden werden, durch die ein inneres Familiensystem (Schwartz 2011) entsteht. Um flexibel auf die sozialen Anforderungen zu reagieren und dabei möglichst die eigenen Grundbedürfnisse zu wahren (Grawe 2004), werden durch automatisiert ablaufende Wechsel der aktivierten Ego-States notwendige Ressourcen assoziiert und nicht benötigte Ressourcen dissoziiert.

Assoziation und Dissoziation

Das Ego-States-Modell verdeutlicht, dass ein Mensch nur von etwas dissoziiert sein kann, wenn er gleichzeitig mit etwas assoziiert ist, und dass diese dialektische Dynamik zieldienlich utilisiert werden kann (Schmidt 2015). Betrachten wir zum Beispiel die im Alltag eher schüchterne, introvertierte Tennisspielerin, die sich auf dem Platz von einem

Ich-Zustand distanziert (Dissoziation), der mit Affekten wie Angst oder Scham verbunden ist, und sich gleichzeitig mit einem Ich verbindet (Assoziation), das Selbstvertrauen und Kontrolle beinhaltet.

Ego-States sind eine Möglichkeit, zu trennen, was nicht zusammengehört (Paulsen 2014), und das Resultat unwillkürlicher Prozesse, die in uns wirken, um unser Leben, unser Handeln, Fühlen, Denken und Empfinden durch Dissoziation und Assoziation zu ordnen.

Übergänge zwischen Zuständen

Kinder werden nicht mit der Wahrnehmung eines einheitlichen Selbst geboren, sondern mit einzelnen States, die zunächst stark voneinander dissoziiert sind. Eine der Entwicklungsaufgaben ist daher "die Konsolidierung unseres Selbst und unserer Identität über die Verhaltenszustände hinweg und das Modulieren von Übergängen zwischen den Verhaltenszuständen" (Putnam 2013, S. 74). Eltern helfen Kindern, sich zwischen diesen States zu bewegen, z.B. indem sie sie in den Schlaf wiegen oder sie beruhigen, wenn sie weinen. Werden Kinder älter und ihre States komplexer, helfen Eltern ihnen weiterhin beim Modulieren der Übergänge, z.B. indem sie ein trotziges Kindergartenkind in einen sanfteren Ich-Zustand begleiten. Auf diese Weise kann das Kind mit der Zeit die zur Selbstregulation benötigten Fähigkeiten internalisieren und auch über Veränderungen des Kontextes hinweg ein kohärentes Selbst entwickeln (Putnam 2013).

Der Verlust von Selbstwirksamkeit

Gelingt dieser Lernprozess nicht oder werden durch Trauma mittels struktureller Dissoziation die Grenzen zwischen States wieder undurchlässiger (Watkins & Watkins 2012), wird die Entwicklung eines einheitlichen Selbstgefühls erschwert. In einer solchen Situation fühlen sich die Betroffenen unwillkürlichen dissoziativen Mechanismen ausgeliefert (Korittko & Pleyer 2016).

Die Entwicklungspsychologie zeigt, dass ein einheitliches Selbstgefühl gestärkt wird, wenn die Dissoziation für das Individuum selbst steuerbar ist und die Grenzen von States ausreichend flexibel sind.

Stärkung dissoziativer Kompetenz

Aus diesen Überlegungen lassen sich Metaziele zur Entwicklung dissoziativer Kompetenz in Therapie und Beratung ableiten (siehe auch Abb.1).

BITTE ABBILDUNG 1 HIER EINFÜGEN

Erwachsenes Ich

Der vorrangige Fokus der Ego-State-Therapie liegt auf dem Ansprechen verschiedener kompetenter und/oder erwachsener States zum Aufbau innerer Stärke und Stabilität (Phillips & Frederick 2010). Ein Beispiel stellt neben der Entwicklung innerer Sicherheit die Aktivierung der erwachsenen Kompetenz (Neubrand & Dietrich 2016) dar – eine kraftvolle innere Ressource, die als ein Ego-State verstanden werden kann und wesentlich für eine gesunde innere und äußere Beziehungsgestaltung ist.

Selbststeuerungskompetenz

Fühlen sich Betroffene dissoziativen Symptomen ausgeliefert, ist ein Ziel therapeutischer Prozesse, die dissoziativen Skills im Dienst der eigenen Entwicklungsziele nutzen zu lernen. Das erwachsene und kompetente Ich wird zum Gestalter der eigenen Lebensumstände (Dietrich 2016), wenn es ihm gelingt, Anteile, die durch Trigger automatisiert aktiviert werden und überfordert sind, zu dissoziieren und sich mit einem State der erwachsenen Kompetenz zu assoziieren, der auf aktuelle Herausforderungen angemessen reagieren kann.

Impathie (ich-bezogene Empathie)

Viele Klienten bewerten nicht nur das erlebte Leid, sondern auch sich selbst negativ. Sie beschreiben selbstabwertende und selbstkritische innere Dialoge und kämpfen gegen sich selbst bzw. gegen ihre unwillkürlichen Prozesse. Aus hypnosystemischer Sicht erzeugen nicht belastende Erinnerungen oder Körpersensationen Leid, sondern die Art und Weise, wie ein Mensch zu seinen verletzten Seiten in Beziehung geht. Indem Symptome mittels des Ego-State-Modells metaphorisch personifiziert und differenziert werden, wird die Fähigkeit gestärkt, sich aktiv von Belastendem zu dissoziieren (Schmidt 2015) und sich gleichzeitig traumatisierten inneren Anteilen mit Impathie (Neubrand 2013) zuzuwenden.

Impathie ist die Fähigkeit, die eigenen Erlebensweisen und die eigene Situation aus einer annehmenden Haltung heraus wahrzunehmen und zu verstehen, ohne dabei von einzelnen Gefühlen und Gedanken davongetragen zu werden (Neubrand 2013).

Internale Verbindung

Indem Menschen unterstützt werden, sich in ihre Ego-States einzufühlen, d.h. impathisch zu sein, können sie innere Isolation und Unverbundenheit überwinden. Dabei richtet sich der Fokus darauf, die Bedürfnisse der traumatisierten Anteile zu erforschen. Über das wachsende internale Verständnis kann das erwachsene Ich den verletzten States angemessen begegnen, z.B. indem es sie beruhigt oder tröstet. So kann bisheriges Problemerleben in eine Möglichkeit für impathische Beziehungsgestaltung und Bedürfniserfüllung verwandelt werden. Impathie ist eine Fähigkeit, die zu Selbst-Mitgefühl und Selbsthilfe-Verhalten führen kann (Neubrand 2013).

Grenzen der Ego-States

In der impathischen Beziehung können die Grenzen der Ich-Zustände durchlässiger und sanftere Übergänge möglich werden. Es kann ein Bewusstsein erwachsen, dass die Quelle der Erfahrung einzelne Erlebensweisen und nicht die Person in ihrer komplexen

Gesamtheit repräsentiert. Auf diese Weise können Menschen ein immer kohärenteres Selbstbild entwickeln und innere Anteile immer besser integrieren.

Dissoziative Phänomene als therapeutische Ressource

Trance-Logik utilisieren

Dissoziative Erlebensweisen, wie z.B. Zeitverzerrung, visuelle und auditive Halluzinationen und Amnesie, ähneln typischen hypnotischen Phänomenen (Erickson & Rossi 2015). Hypnotherapeutische Methoden nutzen vielfältige Formen der Dissoziation und utilisieren die Trance-Logik, um alternative Wirklichkeiten und Lösungsideen zu entwickeln und therapeutische Veränderungen zu erzielen (Korittko & Pleyer 2016). „Ohne die Imagination gibt es keine Hoffnung, keine Chance, sich eine bessere Zukunft vorzustellen, keinen Ort, an den man sich begeben, und kein Ziel, das man erreichen kann." (van der Kolk 2016, S. 27)

Hypnose und Ego-State-Therapie

Es gibt deutliche Hinweise, dass Klienten mit dissoziativen Störungen hoch hypnotisierbar sind, was den Einsatz hypnotherapeutischer Techniken nahelegt. Hypnose kann als kontrollierte Dissoziation verstanden werden (Spiegel & Spiegel 2004). Sie stellt eine wichtige Beziehung zur Ego-State-Therapie her, die zwar eine Theorie und Technik liefert, ohne Hypnose jedoch keinen Zugang zur ganzen Bandbreite an Ego-States und zu heilsamen Prozessen hat (Phillips & Frederick 2010).

Hypnose bietet eine effektive Methode, um Ego-States zu finden und zieldienlich mit ihnen zu arbeiten (Phillips & Frederick 2010).

Hypnosystemische Tranceprozesse

Übungen wie zum Beispiel „Mit Impathie sich selbst begegnen“ oder „Der Visionskompass“ (Neubrand & Dietrich 2016) sind sanfte, nicht-intrusive Methoden, die

über den Kontakt und die Gestaltung innerer Bilder die dissoziative Kompetenz der Klienten als Ressource nutzbar machen – indem Menschen mittels selbsthypnotischer Tranceprozesse lernen, Dissoziation und Assoziation zu steuern, und dabei die Selbstwirksamkeit fördern. Die dissoziative Kompetenz kann schließlich eher im Dienst des erwachsenen Ichs genutzt werden als im Dienst der Abwehr.

Hypnosystemische Tranceprozesse sind ein Weg, um Dissoziation als heilsame Kompetenz in der Therapie nutzbar zu machen.

Fallbeispiel

Ein 41-jähriger frühpensionierter Lehrer kam nach 10-tägigem Psychiatrie-Aufenthalt, dem 2 Schnittverletzungen an den Unterarmen in suizidaler Absicht vorausgegangen waren, in unsere Klinik. Der Klient war zum Aufnahmezeitpunkt instabil, deutlich einsilbig mit massiv eingeschränkter Schwingungsfähigkeit und weiterhin suizidalen Gedanken ohne Handlungsplanung. Er beschrieb ihm innewohnende „Menschen", die alle er selbst seien und unterschiedliche Botschaften an ihn senden würden. Diese Erlebensweisen waren nicht als psychotisch einzuordnen, sondern, im Rahmen stark abgegrenzter Ego-States, als Folge struktureller Dissoziation nach vielfältigen Traumaerfahrungen.

Die erste therapeutische Phase diente dem Aufbau einer tragfähigen Beziehung und einer ersten Stabilisierung. Der Klient lernte Methoden, um kompetent mit inneren und äußeren Herausforderungen im Therapieprozess umzugehen, z.B. die Entwicklung eines sicheren Orts, eines Kraftwesens und Methoden zum Aufbau einer Metaposition.

Währenddessen begann der Klient, sein erwachsenes Ich zu erforschen und von anderen Ego-States differenzieren zu lernen. Hierfür erkundete er detailliert z.B., welche Körperhaltung („Cowboy-Stand") und welche Eigenschaften und Stärken („ist selbstbewusst", „kann Entscheidungen treffen", „ist impathisch") sein erwachsenes Ich ausmachen – und wann es die innere Kontrolle abgibt, wie er dies wahrnehmen und zur Wiedererlangung seiner erwachsenen Kompetenz utilisieren kann.

Der Klient wurde dann eingeladen, als erwachsenes Ich in eine neugierige Begegnung mit seinen „Menschen“ zu gehen. Dabei lernte er, mit dem erwachsenen Ich assoziiert zu bleiben, während er anderen Ego-States begegnete, die im Alltag ansonsten dissoziiert waren. Trancereisen, Externalisierungstechniken und Stuhlarbeit zeigten ihm Möglichkeiten, sich sicher und geschützt Anteilen zuzuwenden und bislang rigide erlebte Grenzen aufzuweichen.

Zu Beginn des Aufenthalts schilderte der Klient entwertende innere Dialoge und ein negatives Selbstbild. Er lernte das Konzept der Impathie kennen und wurde zur Reflexion von Erlebnissen von Kompetenz und Selbstwirksamkeit eingeladen. Indem er sich in seine Ego-States einfühlte, begann er, deren Funktionen und Bedürfnisse besser zu verstehen und ein kongruenteres Selbstkonzept zu entwickeln.

Zum Ende des Aufenthalts gelang es ihm im Rahmen einer Impathie-Trance, als erwachsenes Ich ein verletztes jüngeres Ich zu besuchen, zu erforschen, was es in der Situation gebraucht hätte, und es zu trösten. Daraufhin äußerte er: „Das ist die Kompetenz von Dissoziation: Ich war da und irgendwie auch nicht.“

Während des therapeutischen Prozesses erlebte die Therapeutin emotionale Angriffe wütender, verzweifelter und enttäuschter Ego-States des Klienten und erfuhr schmerzhafte Details von innerem und äußerem Leid. Sich nicht von den Erzählungen überwältigen oder von den Gefühlen anstecken zu lassen, erforderte Aufmerksamkeit für die eigenen Ich-Zustände und die Fähigkeit, sich von eigenen Gefühlen und Impulsen zu dissoziieren. Insbesondere auch, um trotz aller Berührung, Verärgerung, Hilflosigkeit und Mitfreude eine stabile und innerlich allparteiliche Beziehungspartnerin zu bleiben.

Fazit

Wissenschaft und Praxis übersehen häufig die alltäglichen, unter dem Leid versteckten Ressourcen der Dissoziation. Hypnosystemische Methoden machen sich diese zu Nutze. Sie können helfen, Kompetenz im Umgang mit Dissoziation und Assoziation zu entwickeln, um sie für die Bewältigung von Herausforderungen zu nutzen. Interventionen sollten dafür auf eine Stärkung des erwachsenen Ichs, der impathischen Beziehung und

der Flexibilität im selbstwirksamen Zugriff auf Ego-States abzielen. Auch für Therapeuten selbst kann ein hoher Nutzen im bewussten Zugang zur eigenen dissoziativen Kompetenz liegen.

Autorenhinweis

Stefanie Neubrand

sysTelios Privatklinik für Psychotherapie und psychosomatische Gesundheitsentwicklung, Am Tannenberg 17, 69483 Wald-Michelbach, stefanie.neubrand@impathie.de

Psychologin, M.Sc., systemische Therapeutin (SG), Betriebswirtin (BA). Therapeutin in der sysTelios Klinik. Erfinderin und Entwicklerin des neuen psychologischen Konstrukts der Impathie (ich-bezogene Empathie). Forschungsschwerpunkte: Impathie, Empathie.

Dr. med. Daniel J. Dietrich

Oberarzt in der Privatklinik Wyss auf einer psychiatrischen Akut- und Kriseninterventionsstation. Systemischer Therapeut (SG, DGSF). Institutsleitung ITPB (Solothurn). Dozent und Teammitglied im Ausbildungsinstitut Meilen (Zürich) und am HISW (Hamburg). Verantwortlich für Weiterbildungsgänge in Traumapädagogik und in hypnosystemischen Methoden. Arbeitstätigkeiten u.a. in der sysTelios Klinik, der Soteria Bern und der Grundlagenforschung der Uni Bern.

Hinweis
Beide Autoren haben gleichermaßen zur Erstellung des Artikels beigetragen.

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Die Autoren geben an, dass kein Interessenkonflikt vorliegt.

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Abbildungen

Abbildung 1

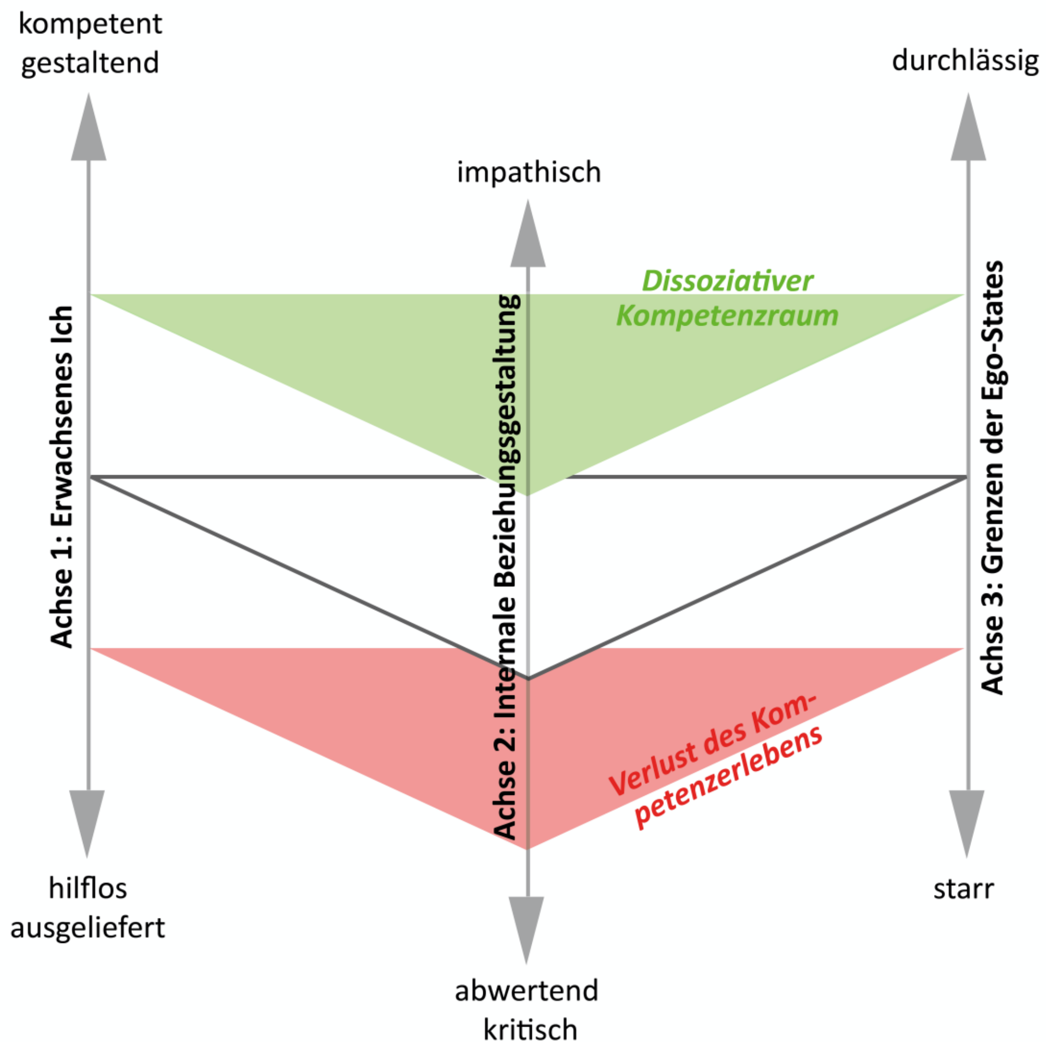

Abb. 1: Therapeutische Metaziele um die dissoziative Kompetenz zu entwickeln: Stärkung des erwachsenen Ichs, um kompetent den Einsatz von Assoziation und Dissoziation zu steuern (*Achse 1*); Förderung einer impathischen Beziehung (*Achse 2*) und von Durchlässigkeit von Grenzen von (traumaassoziierten) Ego-States (*Achse 3*). Diese Abbildung lädt zur Hypothesenbildung ein, welche der Achsen gegenwärtig besonderer Aufmerksamkeit bedarf, um sich zunehmend in den dissoziativen Kompetenzraum hinein zu entwickeln.