Empathic Features of Absorption and Incongruence

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Abstract

A study was undertaken to examine whether empathy could be related to absorption and incongruence (repressive coping). The participants were 71 graduate students who completed measures of empathy, absorption, and incongruence (repressive coping). The results confirmed a previous finding that empathy appears positively related to absorption ($r = .42, p < .001$). The results also suggest that affective components of empathy are inversely related to repressive coping ($r = -.29, p < .05$) while cognitive components are positively related to the social desirability aspects of incongruence ($r = .31, p < .01$). The findings are collectively discussed in terms of the Empathic Involvement Hypothesis of Hypnosis (Wickramasekera II, 2001), the Four-factor theory of Repressive Coping (Eysenck, 1997), Incongruence (Rogers, 1957), and the High Risk Model of Threat Perception (I. E. Wickramasekera I, 1998).

Keywords: Empathy, absorption, repressive coping, hypnotic ability and hypnosis.

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Absorption is a personality characteristic of people who often report experiencing extremely focused states of complete attentional involvement with
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their subjective experience (Tellegen, 1982; Tellegen & Atkinson, 1974). Absorption was discovered in the context of hypnosis research and has been found to be a modest and reliable personality correlate of hypnotic ability (Roche & McConkey, 1990) although some controversy continues as to the degree that context effects inflate the magnitude of the correlations in some studies (Milling, Kirsch & Burgess, 2000; Nadon, Hoyt, Register, & Kihlstrom, 1991).

People who score highly on measures of absorption commonly report finding themselves experiencing a type of empathic or interpersonal absorption with characters in books, movies, and theater (Hilgard, 1970; Tellegen & Atkinson, 1974). This type of empathic absorption can be so strong that the highly absorbed person finds that they can lose themselves in the experiences of the character that they are identifying with while feeling as if they were a part of story. I previously examined the relationship between empathy, absorption, and hypnotic ability in a study that demonstrated a positive relationship between measures of empathy, absorption, and hypnotic ability (Wickramasekera II & Szlyk, 2003). A multidimensional measure of empathy was positively correlated with absorption ($r = .41, p < .001$) and hypnotic ability ($r = .31, p < .05$) in this study. Based on these findings I have developed a model of the relationship between empathy, absorption, and hypnotic ability that I refer to as the Empathic Involvement Hypothesis (EIH) of Hypnosis (Wickramasekera II, 2001). The EIH predicts that high hypnotizables and persons with good potential for interpersonal absorption may use affective and cognitive empathy more than others in order to enact the experience of hypnosis and other absorbed states of mind/behavior. In the current study, I am interested in confirming these results that offer initial support for the EIH by revisiting the nature of the relationship between empathy and absorption.

A number of theorists have also identified absorption as a personality characteristic that can interact with other risk factors (such as incongruence) to produce psychopathology, psychosomatic, and psychophysiological disorders in the High Risk Model of Threat Perception (HRMTP) (Kermit, Devine, & Tatman, 2000; I. E. Wickramasekera I, 1979, 1988, 1998). Our first real understandings of somatoform patients came from examining cases of “hysteria” in patients who were frequently highly gifted hypnotic subjects (Bernheim, 1891; Breuer & Freud, 1893). These patients most likely would have scored highly on measures of absorption. The HRMTP predicts that these patients intense interpersonal-absorption may place them at risk for developing psychophysiological and psychosomatic disorders due to their tendency towards possessing “surplus-empathy”. Spiegel and Spiegel (1978) provide an interesting case example of such a highly empathically-absorbed patient who develops the same medical symptoms that she observes in others. This patient is described in Trance and Treatment (1978) as a highly hypnotizable patient who would “become nauseated every time her friend’s sick dog was nauseated” (Spiegel & Spiegel, p. 82). The process of psychophysiological imitation that they describe is similar to the theories of others (Chartrand & Bargh, 1999; Freud, 1922/1949; Hull, 1933; Sarbin, 1956; Tellegen & Atkinson, 1974; Tuke, 1873) who have observed how hypnosis might be related to processes of unconscious imitation or role enactment.

In this study, we will also examine the relationship between empathy and incongruence (repressive coping) which is another risk factor in the HRMTP. Repression holds a central and ubiquitous role in many influential theories of psychopathology. Freud (Breuer & Freud, 1893) drew on the concept of repression to understand how the suppression of threatening material from consciousness results in psychopathology and psychosomatic
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disease. Rogers (1957) utilized the concept of repression to explain how psychopathology develops from a state of self-deception he termed incongruence. Researchers have long sought after objective methods of assessing an individual’s tendency to utilize repression (Myers, 2000). Individuals who frequently utilize repression and self-deception can be identified through the use of a variety of psychological tests. These tests essentially detect people with a personality characteristic known as repressive coping. Repressors can be reliably identified through their tendency to report low levels of anxiety while simultaneously possessing high defensiveness and social desirability (Crowne & Marlowe, 1960; Myers, 2000; Weinberger, Schwartz, & Davidson, 1979).

Repressive coping has been identified to have many important implications for the development of various forms of psychopathology and negative health outcomes. Repressors demonstrate difficulties with emotional processing (Lane, Sechrest, Riedel, Shapiro, & Kasznia, 2000; Weinberger, Schwartz, & Davidson, 1979; Vetere, & Myers, 2002) that tend to bias the individual into a pattern of incongruence, self-deception, and poor emotional recognition. Repressors often evidence poorer individual and group psychotherapy outcome (Burns, 2000). Their difficulty with psychotherapy appears to be a consequence of their reluctance to perceive and self-disclose negative affect, which is one of the central tasks of psychotherapy. Eysenck (1997) has proposed a four-factor theory of repressive coping in which repressors are theorized to avoid attending to any of their own behaviors, memories, psychophysiological activity, and/or environmental stimuli by which they feel threatened. The four-factor theory also theorizes that repressors simultaneously attempt to interpret threatening information from these four sources in a positive fashion (Derakshan & Eysenck, 1997; Eysenck, 1997).

Repressors are thought to exhibit dysregulation of the immune and autonomic nervous systems (Contrada, Czarnecki, & Li-Chern Pan, 1997; Feldman, Lehrer, Hochron, & Schwartz, 2002; Jamner, & Hoyle, 1999; Jamner, Schwartz, & Leigh, 1988; I. E. Wickramasekera I, 1998). I. E. Wickramasekera I (1988, 1998) has theorized that these deficits and difficulties potentially exacerbate recovery from illness and/or places repressors at risk for the development of psychosomatic and psychophysiological diseases such as chronic pain syndromes. Repression is one of three primary risk factors which I. E. Wickramasekera I (1988, 1998) theorizes can predict the development of psychosomatic and psychophysiological disorders in the high risk model of threat perception (HRMTP).

Little is known about the empathic characteristics of repressors. It is possible that there are particular empathic characteristics of repressors that facilitate their development of psychopathology, psychosomatic, and psychophysiological disorders. In this study, we will focus on the question of how repressors’ tendency to possess emotional processing deficits may affect their empathy and ability to understand the emotional experience of others. Repressors may have as great a difficulty understanding the emotions of others as they do in understanding their own true feelings. I hypothesize that repressors will tend to score lower on measures of affective empathy, which assess the tendency to report emotional empathic involvement with others (Davis, 1994). Nielsen & Fleck (1981) previously examined this hypothesis and observed an inverse relationship between measures of empathy and repressive coping. However, the measures of empathy employed in Nielsen & Fleck’s (1981) study were primarily affective in nature and neglected the cognitive dimensions of empathic processing (Davis, 1994; Duan & Hill, 1996).

It is possible that mechanisms of empathy that utilize cognitive rather than affective data as input information sources could be less degraded or even unaffected by a repressive
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coping style. Perspective taking is a cognitive empathic process that has been defined as the tendency to try to “see things from the other guy’s point of view” in different situations (Davis, 1980, 1983, 1994). It has been likened to the process of role-taking in that it works by one person’s attempt to understand another by cognitively creating the perspective and phenomenological experience of that person. This could be a type of empathy that repressors are very good at since they generally attempt to view themselves and express their emotions to others in a socially desirable fashion. Socially desirable roles, expectations, and schema are not all inborn (Kagan, 1998) and many must be learned through a variety of social psychological processes. Repressors must therefore possess some kind of empathy with others in order to ascertain and learn the socially desirable roles that they are so concerned with maintaining. I hypothesize that repressors may have a tendency to score highly on measures of cognitive empathy. Repressors may use cognitive empathic processes such as perspective taking to determine what others view as socially desirable so that they can better enact their own defensive character. These socially desirable roles and expectancies become the \textit{conditions of worth} (Rogers, 1959) which repressors strive to meet in order to feel self-acceptance.

Rogers (1957, 1959) wrote that incongruence (repressive coping) develops as clients perceive that their experience is at odds with conditions of worth and expectations that are presented to them in their environment. The individual thus loses congruence and affective empathy as they fail to meet their own rigid self-expectations. One of the primary aims of client-centered therapy is to remove these conditions of worth by adding the therapist’s empathy and unconditional positive regard to help the patient become more congruent and self-accepting of their true nature. It could be expected that the ability to adopt these pathological conditions of worth appears to be mediated by repressors’ perspective taking processes of cognitive empathy. Repressors’ cognitive empathy may be less affected by incongruence than affective empathy.

\textbf{Method}

\textit{Participants}

Seventy-two graduate students (50 women and 22 men) engaged in a clinical psychology class at Saybrook Graduate School volunteered for the study. The participants ranged in age between 23 and 69, with a mean age of approximately 35 years. All the volunteers were informed that they would receive neither course credit nor monetary compensation for their participation. The volunteers were informed that the study was an investigation of absorption and hypnotic ability that would take approximately 40 minutes to complete.

\textit{Measures}

Absorption was assessed by utilizing the original Tellegen Absorption Scale (TAS) as developed by Tellegen and Atkinson (1974). The TAS is a brief measure that contains 34 true or false items that ask subjects to report whether they have had various personal experiences which the authors identified as being indicative of absorption through an extensive factor analytic study. The internal and test/re-test reliability were reported to be \( r = .88 \) and \( .91 \) respectively (Tellegen, 1982).

Incongruence was assessed utilizing the Marlowe-Crowne (MC) Social Desirability Scale (Crowne & Marlowe, 1960). The MC is 33-item instrument that uses a true-false reporting format. The questions ask participants to admit whether they have previously engaged in various common forms of socially undesirable or embarrassing behaviors. These
questions are thought to elicit a defensive response from participants with a strong need to experience and present themselves in an overly positive fashion and who will therefore deny many of the items. The MC is one of the most frequently used methods of assessing defensive repressive coping tendencies and has been demonstrated to have good properties of reliability and validity (Crowne & Marlowe, 1960; Myers, 2000).

The Davis (1983, 1994) Interpersonal Reactivity Test (IRI) was employed as the principal index of the empathic capacity of the participants. The IRI is a 28-item instrument equally divided into four scales of seven items that measure the global concept of empathy as fantasy, empathic concern, perspective taking, and personal distress. The fantasy scale measures a person’s tendency to empathically identify with characters in fictitious settings like books, plays, or movies. The empathic concern scale examines a person’s tendency to respond with compassionate feelings of tenderness and concern to another person’s suffering. The personal distress scale assesses anxiety and other negative affect resulting from experiences with other persons’ suffering. The perspective taking scale of the IRI measures one’s tendency to shift into the worldview of others when relating with them. The questions utilize a self-report format that calls for participants to rate how well each statement describes them on a scale of 0-4. The instrument has been found to possess good internal reliability, test-retest reliability, and validity (Davis, 1980, 1983, 1994).

Procedure

The volunteers were all scheduled for one session at the beginning of their class. The subjects then completed the MC measure of repressive coping, the TAS measure of absorption, and the IRI measure of empathy.

Results

All 72 participants successfully completed the MC questionnaire. One participant neglected to answer the second page of both the TAS and IRI items and this subject’s data was discarded from all analyses. Table 1 presents the means, standard deviations, and intercorrelations for all measures and the 4 scales of the IRI (Fantasy, Perspective Taking, Empathic Concern, & Personal Distress). An alpha level of .05 was used for all statistical tests.

The predicted correlations between empathy and absorption can be observed in Table 1 as predicted by the EIH. The fantasy and empathic concern subscales of the IRI both obtained significant correlations with the TAS ($r = .53, p < .001$ & $r = .26, p < .05$ respectively). The IRI also obtained an overall significant correlation with the TAS ($r = .42, p < .001$).

The predicted correlations between empathy and repressive coping can also be observed in Table 1. Significant correlations were found between the MC and the Fantasy ($r = -.29, p < .05$) and Perspective Taking ($r = .31, p < .01$) subscales of the IRI. The personal distress subscale did not obtain a significant correlation with repressive coping ($r = -.23, p = .0561$) although there may have been a trend in this direction.

Finally, a hierarchical multiple regression analysis using the four IRI subscales and the MC to predict TAS scores was also completed using a forward step-wise procedure. The regression equation generated an $R^2$ of .281 ($N = 71, p < .0001$). Only the fantasy scale of the IRI remained in the regression equation amongst all the possible predictors.
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Table 1: Means, Standard Deviations and Intercorrelations for Repressive Coping, Absorption and Empathy

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MC</td>
<td>72</td>
<td>13.14</td>
<td>6.99</td>
<td>- .19</td>
<td>- .09</td>
<td>- .29*</td>
<td>.08</td>
<td>.31***</td>
<td>- .23</td>
<td></td>
</tr>
<tr>
<td>2. TAS</td>
<td>71</td>
<td>23.28</td>
<td>6.48</td>
<td></td>
<td></td>
<td>.42***</td>
<td>.53***</td>
<td>.26*</td>
<td>.18</td>
<td>- .01</td>
</tr>
<tr>
<td>3. IRI</td>
<td>71</td>
<td>71.52</td>
<td>11.09</td>
<td></td>
<td></td>
<td></td>
<td>.70***</td>
<td>.71***</td>
<td>.54***</td>
<td>.41***</td>
</tr>
<tr>
<td>4. Fantasy Empathic Concern</td>
<td>71</td>
<td>19.56</td>
<td>5.34</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.39***</td>
<td>.16</td>
<td>.03</td>
</tr>
<tr>
<td>5. Perspective Taking</td>
<td>71</td>
<td>21.8</td>
<td>4.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.43***</td>
<td>- .04</td>
</tr>
<tr>
<td>6. Personal Distress</td>
<td>71</td>
<td>20.13</td>
<td>4.38</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- .18</td>
</tr>
</tbody>
</table>

*p < .05; ** p < .01; *** p < .001

Discussion

The results of this study replicate earlier findings (Wickramasekera II & Szlyk, 2003) that support the Empathic Involvement Hypothesis of Hypnosis (Wickramasekera II, 2001) by demonstrating a relationship between empathy and absorption ($r = .42, p < .001$). This is an important replication, given that very few personality correlates of hypnotic ability and absorption have ever been identified despite over 150 years of research on individual differences in hypnotic ability (E. R. Hilgard, 1965; Kirsch & Council, 1992). The EIH predicts that empathy is related to hypnotic ability and absorption since hypnosis and interpersonal-absorption are both inherently empathy-laden tasks. The correlation between the IRI and TAS seen in this study ($r = .42, p < .001$) is very similar to the correlation obtained in the previous one ($r = .43, p < .001$). The relationship between empathy and absorption appears to be particularly related to fantasy aspects of empathy (the tendency to use an empathic style of imaginative involvement) as demonstrated by the correlation between the TAS and the fantasy scale of the IRI ($r = .53, p < .001$) and also by the results of the hierarchical multiple regression analysis where only the fantasy scale remained in the regression equation. These findings indicate that empathy is a significant trait that many persons with high absorption possess as was also seen in the earlier study. It thus appears more likely that previously unknown empathic dimensions underlie the Imaginative Involvement Hypothesis of Josephine Hilgard (1970) and others (Barber, 2000; Glisky & Kihlstrom, 1993; Tellegen & Atkinson, 1974) that led to the development of the construct of absorption (Roche & McConkey, 1990).

The results of this study also demonstrate several important empathic features of repressive coping. Repressive coping appears to be associated with the avoidance of affective empathic processes as was previously reported by Nielsen and Fleck (1981). The results of this study are consistent with Nielsen and Fleck’s (1981) finding that measures of
repressive coping and affective empathy appear to be inversely related \((r = -.29, p < .05)\). Repressors tended to report less affective empathic contact with both characters in fictional settings and real people they observe suffering to a lesser extent. However, the present findings also demonstrate that repressors tend to report utilizing cognitive empathic processes despite the inverse relationship seen between affective empathy and repressive coping. This relationship is observable in the positive correlation between the perspective taking scale and the MC \((r = .31, p < .01)\). Nielsen and Fleck’s (1981) study did not assess cognitive empathy and so these data replicate their affective empathy findings while demonstrating a new positive relationship between cognitive empathy and repressive coping.

These findings are consistent with Eysenck’s (1997) four-factor theory of repressive coping that hypothesizes that repressors avoid attending to environmental stimuli, psychophysiological activity, behaviors, and long term memories that are emotionally threatening to them. These same 4 sources of emotional information are thought to be components and processes that mediate affective empathy (Davis, 1994). The present results may demonstrate that the emotional information processing bias that repressors possess affects their tendency to inhibit affective empathy while encouraging cognitive empathy. These findings are consistent with Eysenck’s (1997) 4-factor theory in that repression is inversely associated with emotional empathy, which illustrates the emotional processing bias described by the theory. It thus appears that cognitive forms of empathy are less dependent on and/or are less degraded by repressors bias against attending to emotionally threatening information. Empathic processes of perspective taking may thus account for how repressors come to derive and interpret the socially desirable roles, expectations, and schemas which appear to discourage their congruence with themselves and others (Rogers, 1957, 1959). Indeed, it may be that perspective taking remains intact in repressors so that they can continue to ascertain from others the socially desirable conditions of worth (Rogers, 1957, 1959) that they seek to enact and emulate.

Rogers (1957, 1959) has described the development of incongruence as a consequence of this inverse relationship between repressive coping and affective empathy. The development of incongruence is a crucial part of the client-centered theory of the origin of psychopathology. The present findings are consistent with Rogers (1959) in that it appears that repressive coping is associated with a decreased affective empathy. Repressors may therefore suffer from distortions in their understanding of others’ emotions as well their own. It is probably no real surprise that people who lack emotional empathy for themselves might lack emotional empathy for others.

Future studies of empathy, repressive coping, and absorption could be improved by drawing a larger sample size and by administering the measures in separate contexts from one another. Controversy and debate continues as to whether administering questionnaires like absorption in the context of other instruments may inflate the obtained correlations or otherwise bias the results (Milling, Kirsch & Burgess, 2000; Nadon, Hoyt, Register, & Kihlstrom, 1991). However, the experiments which have purported to demonstrate context effects in hypnosis research (Council, Kirsch, & Hafner, 1986; Kirsch & Council, 1992; Milling, Kirsch, & Burgess, 2000) have all employed measures that were obviously and transparently related to hypnosis in their content. The present results may thus not be as affected by context effects since the content of the IRI and MC measures are not transparently related to hypnosis in their content. A further critique of the current study is that it employed a self-selection design that has sometimes proved problematic in hypnosis research (Barabasz & Barabasz, 1992).
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Repressive coping, absorption, and hypnotic ability are very important personality characteristics that have been associated with the development of psychopathology, psychosomatic, and psychophysiological disorders. The role of empathy may be especially important to understand in psychosomatic medicine. This is because empathy is related in some fashion to all three risk factors of the HRMTP (I. E. Wickramasekera I, 1979, 1988, 1998) that predicts persons who are likely to experience psychosomatic and psychophysiological disorders such as chronic pain syndromes. I theorize that underlying properties of empathy in repressive coping, absorption, and hypnotic ability may moderate or mediate these risk factors for the development of psychosomatic and psychophysiological symptoms that individuals observe in others and empathically enact (Spiegel & Spiegel, 1978; Tuke, 1873; I. E. Wickramasekera I, 1979, 1988, 1998; I. E. Wickramasekera II, 2001). I. E. Wickramasekera I (1979, 1988, 1998) has previously theorized that high hypnotizables may be at risk to develop psychosomatic symptoms because of their tendency to possess surplus empathy.

However, the present findings also raise the possibility that empathic dimensions of repressive coping may also moderate these risk factors by demonstrating a positive relationship between cognitive empathy and repressive coping. Repressors may implicitly empathically enact and actualize psychosomatic and psychophysiological disorders through cognitive mechanisms of empathy. Repressors with psychosomatic symptoms often appear to view their biomedical symptoms as being less socially stigmatizing than the disturbing psychological affect they tend to suppress. They may have learned that it is less socially stigmatizing to experience and report physical distress rather than psychological problems.

These somatizing repressors may therefore be vulnerable to developing psychosomatic symptoms by unconsciously enacting the physical and subjective symptoms that they observe in others. The process of becoming a somatizer often requires the patient to seek repeated medical evaluation from physicians who become increasingly suspicious of the patient as their medical chart grows larger. Somatizing patients must use learn how to interact with their physicians in such a way as not to be perceived as a malingeringer, drug-seeking substance abuser, or a person with psychological problems. To play the role of a good and convincing somatizing patient thus requires one to have enough cognitive empathy to play the part correctly. Somatizing repressors may therefor implicitly adapt the behaviors and medical symptoms of other patients that they know in their circle of family, friends, and co-workers.

An example of these phenomena could be the emotional contagion or chameleon effect (Chartrand & Bargh; 1999) sometimes observed in complex social psychophysiological settings. Examples of the chameleon effect include contagious spreading of facial gesturing, laughter, yawns, or nausea in groups. This contagious implicit spreading of emotion from one person to another has been studied in empathy research and perspective taking scores on the Davis IRI are known to predict these phenomena of emotional contagion (Chartrand & Bargh; 1999). It thus appears that repressive copers have the requisite forms of empathy sufficient not only to derive conditions of worth, but also to implicitly develop psychosomatic and psychophysiological disorders as empathic outcomes. However, many questions remain as to how psychologically enacted somatic symptoms could be psychophysiologically mediated and expressed. Perhaps mirror neuron networks may play a role in this type of psychophysiological imitation? This is an exciting area of the emerging research in psychoneuroimmunology, chronic pain theory, psychophysiology, and others areas of behavioral medicine (Ader, Felten, & Cohen, 2001; Bremner, 2001; Melzack, 1999). I hypothesize that measures of empathy, in conjunction with the HRMTP (I. E. Wickramasekera I, 1979, 1988, 1998), may help identify and predict patients with whom these physiological processes can be reliably studied.
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