

EMPATHIC UNDERSTANDING

(From C. H. Patterson. *The Therapeutic Relationship*, pp. 52-59. Monterey, Calif.: Brooks/Cole, 1985.)

In English, the word *understanding* has come to mean knowledge *of*, or understanding *about*, something. One of the goals of science is understanding--understanding of objects and the results of their manipulation. This is not the kind of understanding we refer to when we use the word in counseling or psychotherapy. Here we are concerned not with knowing *about* clients but knowing how they feel and think and perceive things--themselves and the world about them. It is understanding from the internal frame of reference, rather than from the external or so-called objective frame of reference. Some languages, for example French and German, have two verbs for *to* know, one meaning to know from the external frame of reference and the other simply to know, subjectively. Because English does not make this distinction, we need a modifier for the word *understanding*; *empathic* is used for this purpose.

Empathic understanding has long been recognized as an important element in psychotherapy. In this section we discuss its nature, how it can be measured, and what it looks like in action.

The Nature of Empathy

Empathy should not be confused with sympathy. It does not involve identification with the client. This is clear in Rogers's definition: "[Empathy is] an accurate, empathic understanding of the client's world as seen from the inside. To sense the client's private world as if it were your own, but without losing the 'as if' quality--this is empathy." (4) Colloquially, it is expressed, at least in part, by the phrase "I know where you're coming from." A phrase in the language of some American Indians expresses it: "to walk in his moccasins." Great novelists are experts in empathic understanding, leading their readers to empathize with their characters. The theme of one novel, *To Kill a Mockingbird*, is dependent on the concept of empathy. At one point in the story Atticus Finch, the lawyer, trying to help his two young children to understand people's behavior toward him, says: "If ... you can learn a simple trick ... you'll get along a lot better with all kinds of folks. You never really understand a person until you consider things from his point of view--until you climb into his skin and walk around in it." (5)

Empathy, of course, is not a trick, nor is it simple. Our society is externally oriented; we do not normally or easily see things from another person's point of view. We are too preoccupied with our own frame of reference. On the other hand, once we know what it means, most of us can relatively easily assume temporarily another's point of view. Students in counseling or psychotherapy seem to have relatively little difficulty in understanding the nature of empathy and putting themselves in the place of another

person—at least momentarily. It seems that the capacity for empathy is present, to some extent at least, in many people in our society, certainly in most of those who are seriously interested in becoming counselors or psychotherapists.

But it is difficult to persist in this frame of reference, since it is not our usual behavior in everyday human relationships. Students easily pop out of the internal into the external frame of reference, and it takes considerable time to overcome the habits of everyday interactions with others. Students are also often bothered by the apparent subjectivity of empathic understanding. They are obsessed with the need to obtain "objective facts." But the so-called facts are nothing more than the subjective perceptions and impressions of other observers, usually with added evaluative or judgmental aspects. The real "facts" in counseling or psychotherapy are the perceptions, ideas, beliefs, attitudes, and feelings of the client; he or she is the expert on these facts, and the counselor must attempt to see and understand them.

The question is sometimes raised regarding discrepancies between the client's perceptions and those of others—shouldn't the counselor check the client's perceptions against those of his or her associates, family, or teachers? If the client's perceptions are greatly out of line with others', this will usually be apparent; often it will be brought to the counselor's attention by those in the client's environment. In cases where the discrepancies are less evident, the counselor will usually become aware of them as counseling continues. The real question is what counselors should or can do about such discrepancies. Usually they should do nothing about them immediately, since there is nothing effective they can do until a relationship is established. When this is achieved, it is likely that the client will recognize, or admit, discrepancies that he or she has been aware of, or will become aware of them, and then therapy can deal with them. Or, if they are apparent, and the client does not seem to be progressing toward awareness of them, the counselor can respond to them through confrontation. (See Chapter 5.)

Empathy involves at least three aspects or stages. Assuming that the client is willing to allow the counselor to enter his or her private world and attempts to communicate perceptions and feelings to the counselor, the counselor must be receptive to the communication. Second, counselors must understand the communication of the client. To do this they must be able to put themselves in the place of the client, to take the role of the client. Third, the counselor must be able to communicate his or her understanding to the client.

Since, we cannot actually be another person, we are inevitably outside, in an "as if" situation. This is not necessarily a negative situation, but can be positive if we responsively engage in an exploration with the client of his or her perceptions, emotions, and experiences. It is also a protection against too close an identification and against empathy becoming sympathy. "Being empathic, we assume the role of the other person, and in that role initiate in ourselves the process of self-exploration as if we were the other person himself. (6) In trying to understand clients and in feeling and experiencing with them, we help them in the process of expressing, exploring, and understanding themselves.

Differences between counselors and their clients are barriers to empathy. Differences in sex, age, religion, socioeconomic status, education, and culture impede the development of empathic understanding. Of course, no one can completely understand another person. Everyone is unique, a product of a unique series of experiences. The wider a person's background, the more varied his or her experiences, the greater the understanding of a wider variety of other people. Yet it is impossible for any one individual to have the variety of experiences necessary for understanding all other persons, if identical or similar experiences were necessary for empathy. No male can really experience what it is like to be a female; no White can really experience what it is like to be Black. But it is not necessary for one to be exactly like another or to have had similar experiences to understand another. It may help in understanding a psychotic to have been psychotic oneself, but it is not necessary.

We can empathize to some extent at least, and sometimes to a great extent, with any other person on the basis of our commonalities as human beings. As Sullivan put it, "We are all much more simply human than otherwise." (7)

Fortunately, it is not necessary that we understand or empathize completely with another to be able to help the other person through relationship therapy. If we are really trying to understand, with at least occasional success in the beginning of therapy, therapy has a chance of continuing and of being successful. Indeed, clients will try to help the therapist understand them and sometimes will show remarkable persistence with an obtuse therapist.

It is certainly desirable that counselors should prepare themselves in any way they can to understand potential clients. A counselor who wants to work with a particular age, sex, social, or ethnic group should make some effort to gain an understanding of the particular group. It is frequently recommended that such persons take a course in the social and behavioral sciences, particularly anthropology, for this purpose. However, such courses are not particularly helpful, and they may be harmful. Anthropology is, or strives to be, a science. It is the hallmark of science that it is objective--that is, it studies objects or makes objects out of what it studies. Thus, the approach of anthropology, as it is usually taught, does not lead to a human understanding but to the viewing of other peoples as curious objects, sometimes barely human. To be sure, some anthropologists do develop a deep understanding of the peoples they study, but this is not usually conveyed in an anthropology course. In addition, anthropology is concerned with commonalities of cultures, with groups, rather than with individuals. It thus is in danger of fostering stereotypes, particularly in the minds of students, who are taking only a course or two. Stereotypes are harmful rather than helpful in dealing with or understanding individuals. A counselor who has had a course on the poor Whites of Appalachia or the Blacks in the deep rural South is likely to be hindered rather than helped when he encounters a poor Appalachian White or a southern rural Black as a client.

There are two useful ways in which counselors can prepare themselves, to some extent at least, to work with clients from other groups than their own. One is to acquire as much

vicarious experience as possible. People who really know the other group can be of help. One widely available source is literature. Students should steep themselves in the literature--poetry, novels, biographies, and autobiographies--of the group. The second way in which the serious student can develop understanding of another group is to live with them--not as a visitor or as a professional person but as a person without any special identity except perhaps as a worker of some kind with them. Perhaps it is not too much to require that prospective counselors have some such experience for from six months to a year.

Measuring Empathic Understanding

In 1961, Truax developed a Tentative Scale for the Measurement of Accurate Empathy. This is a nine-point scale with definitions of each point and examples. (8) Carkhuff revised the scale and converted it into a five-level system for measuring empathic understanding in interpersonal processes. (9) Carkhuff's scale is as follows.

Level 1

The verbal and behavioral expressions of the first person either *do not attend to or detract significantly* from the verbal and behavioral expressions of the second person(s) in that they communicate significantly less of the second person's feelings than the second person has communicated himself.

EXAMPLES: The first person communicates no awareness of even the most obvious, expressed surface feelings of the second person. The first person may be bored or uninterested or simply operating from a preconceived frame of reference which totally excludes that of the other person(s).

In summary, the first person does everything but express that he is listening, understanding, or being sensitive to even the feelings of the other person in such a way as to detract significantly from the communications of the second person.

Level 2

While the first person responds to the expressed feelings of the second person(s), he does so in such a way that he *subtracts noticeable affect from the communications* of the second person.

EXAMPLES: The first person may communicate some awareness of obvious surface feelings of the second person, but his communications drain off a level of the affect and distort the level of meaning. The first person may communicate his own ideas of what may be going on, but these are not congruent with the expressions of the second person. In summary, the first person tends to respond to other than what the second person is expressing or indicating.

Level 3

The expressions of the first person in response to the expressed feelings of the second person(s) are essentially *interchangeable* with those of the second person in that they express essentially the same affect and meaning.

EXAMPLE: The first person responds with accurate understanding of the surface feelings of the second person but may not respond to or may misinterpret the deeper feelings.

In summary, the first person is responding so as to neither subtract from nor add to the expressions of the second person; but he does not respond accurately to how that person really feels beneath the surface feelings. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4

The responses of the first person add noticeably to the expressions of the second person(s) in such a way as to express feelings a level deeper than the second person was able to express himself.

EXAMPLE: The facilitator communicates his understanding of the expressions of the second person at a level deeper than they were expressed, and thus enables the second person to experience and/or express feelings he was unable to express previously.

In summary, the facilitator's responses add deeper feeling and meaning to the expressions of the second person.

Level 5

The first person's responses add significantly to the feeling and meaning of the expressions of the second person(s) in such a way as to (1) accurately express feelings levels below what the person himself was able to express or (2) in the event of ongoing deep self-exploration on the second person's part, to be fully with him in his deepest moments.

EXAMPLE: The facilitator responds with accuracy to all of the person's deeper as well as surface feelings. He is "together" with the second person or "tuned in" on his wave length. The facilitator and the other person might proceed together to explore previously unexplored areas of human existence.

In summary, the facilitator is responding with a full awareness of who the other person is and a comprehensive and accurate empathic understanding of his deepest feelings.

Examples of Empathy

Carkhuff and Berenson describe the movement from low to high empathy:

“The emphasis, then, is upon movement to levels of feeling and experience deeper than those communicated by the client, yet within the range of expression which the client can constructively employ for his own purposes. The therapist's ability to communicate at high levels of empathic understanding appears to involve the therapist's ability to allow himself to experience or merge in the experience of the client, reflect upon this experience while suspending his own judgments, tolerating his own anxiety, and communicating this understanding to the client. (10)

At low levels of empathy counselors are obtuse to the client's expressions, and are responding to, or with, their own feelings and perceptions. They are not in the client's frame of reference, but may be evaluating and judging the client and his or her behavior, reacting with suggestions, advice, moralizations, and so on. Their responses are irrelevant to the feelings and perceptions of the client.

CLIENT: Sometimes I get so depressed I don't know where I'm going.

THERAPIST: Well, you know, it's around exam time and lots of kids get feeling a little down at this time of year.

CLIENT: Yes, but this has nothing to do with exams. That's not even bothering me.

THERAPIST: You mean none of the exams is bothering you? Surely one of them must be bothering you! (11)

At a minimally facilitative level the counselor is with the client and the client feels this.

CLIENT: Sometimes I get so depressed I just don't know what to do.

THERAPIST: Sometimes you feel like you're never going to get up again.

CLIENT: Right. I just don't know what to do with myself. What am I going to do? (12)

At a highly facilitative level, therapists go beyond the words or even expressed feelings of the client to the implications of his or her statements. The therapist is still responding to the client and not intruding feelings or perceptions. The client's feelings may be blurred and confused so that he or she does not recognize all their meanings or implications, which are clarified by the therapist.

CLIENT: Gee, those people! Who do they think they are? I just can't stand interacting with them any more, just a bunch of phonies. They leave me so frustrated. They make me so anxious. I get angry at myself. I don't even want to be bothered with them anymore. I just wish I could be honest with them and tell them all to go to hell! But I just can't do it.

THERAPIST: Damn, they make you furious! But it's not just them. It's with yourself too, because you don't act on how you feel. (13)

It is impossible for a therapist to maintain the highest level of empathy continuously. And it is unnecessary. In fact, it is probably undesirable. At the beginning of therapy an

extremely high level of empathy can be threatening and inhibit the communications of clients. Clients may well feel that the counselor understands them better than they do themselves and that it is unnecessary for them to continue to express themselves. Carkhuff suggests that in the early stage the therapist is most effective if he or she focuses on level 3 (the minimal level) of the facilitative conditions. (14)

Discrimination versus Communication

Carkhuff makes an important distinction between the ability to discriminate an accurate empathic response and the ability to communicate empathically. If one is presented with a number of responses at various levels of empathy, one is able relatively easily, or with relatively little training, to recognize or identify the better or best responses. It is much more difficult to construct or compose a good response. Discrimination is a necessary but not sufficient condition for communication. Individuals who are able to make accurate discriminations are not necessarily able to communicate accurately. Those who can communicate accurately can also discriminate accurately, however. (15)

NOTES

4. C. R. Rogers. *On becoming a person* . Boston: Houghton Mifflin, 1961, p. 284.
5. H. Lee. *To kill a mockingbird*. Philadelphia: Lippincott, 1960, p. 24.
6. C. B. Truax and K. M. Mitchell. Research on certain therapist interpersonal skills in relation to process and outcome. In A. E. Bergin and S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change: An empirical analysis*. New York: Wiley, 1971, pp. 299-344.
7. H. S. Sullivan. *Conceptions of modern psychiatry*. Washington, DC: William Allanson White Psychiatric Foundation, 1947, p. 7.
8. C. B. Truax and R. R. Carkhuff. *Toward effective counseling and psychotherapy*. Aldine, 1967 Pp. 44-58
9. Carkhuff, R. R. *Helping and human relations*. Vol. II. *Practice and research*. New York: Holt, Rinehart & Winston, 1969. pp. 315-317.
10. Carkhuff, R. R. & Berenson. B. G. *Beyond counseling and therapy*. New York: Holt Rinehart & Winston, 1967, p. 27
11. *Ibid*, p.32. This and following illustrations from this source are excerpts from actual initial interviews.
12. *Ibid*, p. 31.
13. Carkhuff, *Helping* . Vol. I, p119.
14. *Ibid*, pp. 202, 216.
15. *Ibid*, pp. 113-132.