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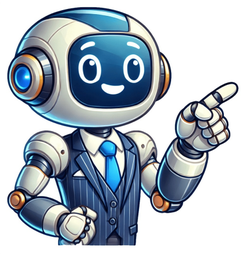

Empathy in counselling is about the counsellor seeing the clients world as they see it.Empathy is to respectfully perceive what the client is bringing from their frame of reference and to communicate that back in a way that makes the client feel theyve been understood.The empathic circle is only complete when the counsellor is able to communicate her understanding back, in such a way that the client feels they have been heard and understood.Truax and Carkhuff Empathy ScaleSympathy is different from empathy.Sympathy means we feel sorry for someone and empathy means we try to fully understand how it feels for that person.Feeling sorry for a person is not therapeuticaly useful, but empathy is as it shows the person we truly understand what they are going through.Empathy is perception. For empathy in counselling to be effective, we need to perceive what it is that the client is bringing, and to communicate that back in a way that makes the client feel theyve been understood.Perception without being able to communicate back your understanding is ineffective and does not build an empathic connection.For example, you might be reading a book or watching a movie that is emotional, and you become very involved in a character and feel a really strong bond with them.You are able to perceive that, but you are not able to communicate back to the actor or the person in the book. So the empathy cycle is not complete within that transaction.We think we listen, but very rarely do we listen with real understanding, true empathy. Yet listening, of this very special kind, is one of the most potent forces for change that I know.Carl Ransom RogersCounsellors measure the levels of empathy in the counselling relationship by using the Carkhuff and Traux rating scales. (Download your copy of the Empathy in Counselling PDF Rating Scales above.)The benefits of empathy are apparent when the client feels, Yes, this person gets me. An empathic connection has been formed that deepens the client-counsellor relationship.Today, there is an increasing recognition that empathy in the therapeutic relationship are vital to effective therapy.The BACP ethical framework recognises empathy as one of the key personal qualities to which members and registrants are strongly encouraged to aspire.Empathy is not a counselling skill as such; it is more a way of being. It is very important because it underpins the skills that we might bring to a session.Counselling skills reflection, paraphrasing, nonverbal communication etc. are all worthless unless we have empathy running through them.Carl Rogers, in developing the person-centred approach to counselling, recognised empathy as being necessary within the therapeutic relationship to bring about psychological contact.But it doesnt matter which approach or model of counselling you look to. Empathy must be present even in the more psychodynamic, psychoanalytical forms of therapy. Idiosyncraticempathy is empathy at an advanced state.Idiosyncratic is defined as relating to the individual.Idiosyncratic empathy means that empathy will be different depending on the person you are working with and can almost be described as types of empathy in counselling.If you are in the clients frame of reference, if youre really seeing things how they do, then empathy is going to be individual for each and every client.The term idiosyncratic empathy was first coined by Jerold Bozarth. He recognised that empathy in counselling needed to be different depending on what the client was bringing, who they were, and what their frame of reference was.Thus with one client, you may find yourself laughing, with the tears rolling down your cheeks. Thats fine if thats where the client is and what they are bringing on that day you were with that client as they were full of joy, laughter and fun.With the next client, you may find yourself in a very different place.Truax and Carkhuff Empathy ScaleEmpathy is not about you, as the counsellor, getting it right or wrong.Its about trying to be in the clients frame of reference and trying to get it right: almost melting yourself into that clients world and being there with them.In order to do this, we need to look at our own self-concept and know who we are as individuals, recognising that we bring our self-concept into the counselling relationship.Its the truths that we hold in life. Its everything that we believe. Its rooted in our culture, childhood, belief structure, race and sexuality.All these things form the way that we look at the world. We project this self-structure out onto everything that we look at.It is for this reason that counselling training is personal development (PD); it requires looking within.You may be familiar with the Johari window exercise.Certain things are unseen by us, but they may be visible to others.And part of the counselling journey, specifically in PD groups, is about encouraging those elements of our personality that are invisible to us perhaps not-for-growth elements of ourselves to come into our awareness, challenging us to look at them.It is most encouraging to know that this subtle, elusive quality, of utmost importance in therapy, is not something one is born with, but can be learned, and learned most rapidly in an empathic climate.Carl R. RogersIts about us examining our self-concept and what we believe is true and readjusting that so we can be there fully with the client, looking at their material, not through our own eyes but trying to do so through theirs. For example, suppose a client says, Im devastated. Im so disgusted with myself. Im so terribly overweight. When I look in the mirror, I just see this ugly, fat person.Thats tough material. Thats a hurt person whos in a really difficult place. Hearing that, how would you respond in an empathic way, being in that clients frame of reference?You may be tempted to say, Well, I hear what youre saying but thats not what I see. I see a beautiful individual in front of me.That would be 100% in your own frame of reference.You are basically saying to that client, No, youre wrong. What youre perceiving and what youre seeing is not right. Let me tell you what I see here. And that is really not empathic. That is not being in the clients frame of reference and that client will certainly not feel heard.They may feel rescued like youve thrown them a life-jacket but theyre not going to feel heard or validated.Idiosyncratic empathy is about reflecting back in a way that allows the client to feel heard.So maybe the empathic response in the situation described above might be something along the lines of, Wow, that sounds so terribly destroying for you that when you look in the mirror, you just see this fat person that you basically cant stand, and recognise that that is you.This is certainly not rescuing the client. Its empathic and in their frame of reference. Were not trying to rescue them from the pain of what they feel towards their own self; were understanding it.Thats what empathy in counselling is all about.As soon as we find ourselves asking questions for any reason other than to clarify our full understanding of the clients frame of reference, were in our frame of reference and we break empathy.Were now saying to the client, Hey, well, what happens if you do this, and what about that, and what about the next thing? Yeah, but have you tried this?That is not within the clients frame of reference and it is certainly not empathic.If we are operating as person-centred counsellors, we avoid asking any questions other than to clarify our understanding.The cycle is complete with what the client brings, how we perceive that, and how we understand that.Its not about us being right, but rather about:being fully integrated within the clients frame of referenceputting aside our own self-conceptbeing truly with the client just for that momentreflecting back our understanding in such a way that the client thinks, Yes, you hear me.Part of being empathic is having a vocabulary to be able to describe what we perceive a client to be bringing.So if were empathically connected to a client, how can we put that in words to feed this connection back to them?Its interesting that there are so many different ways to say things.For example, apparently, there are many Inuit words for snow. But human beings often have very few words for their emotions. We can say happy, sad or angry, but these seem very basic words for the underlying emotions.Part of being reflective is looking within looking at our own emotions and pinpointing words to describe them.Processing your day and maybe journaling is the best way to do this.As you journal, think what word really fits with this because if we can find words to describe our emotions and feelings, maybe we can use those words within a counselling relationship to reflect back our understanding of what a client is bringing.We may find that when we use a certain word, this really resonates with the client, and they go, Wow, yeah. Wow, thats the word. Thats exactly it.For instance, a client might say, They laid me off from my job.You notice that their fists and teeth are clenched as they speak to you. You see the muscles in their neck tensing up.Would angry be the right word for that?Or might furious more accurately capture the strength of their feeling?Its about having a vocabulary that kind of turns the dial from mildly irritated right through to absolutely fuming.As youre saying the word that you feel to the client, how do you intonate it?Do you sit there calmly and say, You know, you look absolutely furious? Or do you mirror their body language and say, Wow, youre furious!The latter helps to put the feeling of what youre perceiving from the client into the words that you feed back to them.This is idiosyncratic empathy; its empathy is in motion.Its happening right there and then within those moments.It really is vital to develop your vocabulary, so you can interpret what the client is bringing and add words to unnamed feelings.Take idiosyncratic empathy into your next simulated counselling skills session and see how it is ever-changing and liquid as individual as the clients that you will have the privilege of being with on their journey.If you work first with one of your peers and then with another, how different is that empathy within those two relationships?If youre merely reflecting back the words the client gave, is that really an empathic connection?Are you looking at the individual person? Are you recognising their body language for example, where are they looking and what are they doing with their hands?What type of tone are they using when they speak? We must look way beyond the words, to the person that is there bringing those words.Have a chat with your peers about what empathy in counselling means to them. Explain what it means to you. Get their differing opinions.Counselling Tutor Facebook groupCounselling Study ResourceCounselling Tutor Handouts VaultBasic Counselling Skills: A Student GuideNotice any broken link or issues with this resource? Kindly let us know by email Email us Member Insights My July/Shutterstock.com Although empathy is considered a critical aspect of effective counseling, confusion about its definition and practical application often prevents it from being fully utilized in counseling. Contemporary counseling textbooks, for example, vary in how they discuss this topic. Some authors present empathy as a clinical skill, whereas others simply equate it to reflecting feelings. Still others align empathy with a small number of techniques such as immediacy or self-disclosure. Narrow and superficial conceptualizations of empathy are common among scholars and practitioners in counseling and related human service fields. Defining it as walking in a clients shoes or understanding an individuals world seems simplistic and shallow. Even more clinical conceptions of this term such as grasping a clients cognitive and affective experiences fail to capture the nuances and subtleties of empathic phenomena. Thus, the current definitions of empathy in counseling literature do not always articulate the fullness and richness of the process. In addition, when discussing empathy, counselors and scholars often focus on the clients frame of reference and rarely mention the internal experience of the counselor in this interaction. The lack of clarity around how to use empathy in counseling practice is a missed opportunity to pursue its unrealized potential. Empathy, broadly speaking, involves understanding clients and fostering emotional connections. Maintaining these essential qualities as a function of empathy across a wide range of therapeutic skills enlivens and enriches the counseling process. After several years of studying empathy in the counseling experience, I have developed an integral model of empathy one that captures the complexities of this process and incorporates how it affects counselors as well as clients. This model defines empathy as a counselors attunement with the feelings and meanings of another individual through the engagement of subjective, objective and interpersonal empathic modalities. When using the empathy model, a counselor relies on what I refer to as an empathic use of self. In sustained interactions with a client, a counselors empathic use of self involves engaging subjective, objective and interpersonal modes of empathy through an integral framework. In the subjective mode, a practitioner resonates with internal sensibilities that momentarily connect with the lived experience of a client. The objective position mobilizes the counselors reasoning capacities by bringing to mind referential sources of knowledge and accumulated treatment experiences as a means of empathically understanding an individual. Moving into the interpersonal posture of empathy fosters an evolving client awareness in a relational context and informs the execution of a wide scope of therapeutic skills. Each of the three empathy modalities has identifiable qualities that are effectively applied on an individual basis. At the same time, the empathic modes are complementary and are more therapeutically impactful when used through an integral framework. A counselors engagement of a particular empathy stance depends on its saliency in immediate interactions with a client. Refining ways of knowing a client within the tripartite structure involves a cognitively complex process. In this pursuit, the ability to differentiate and integrate multiple perspectives gives rise to a deeper and more coherent understanding of an individual. Of course, facilitating the integral model of empathy is subject to reflective practice and development. The goal in counseling is to work toward effectively discerning modes of empathy and integrating them through an empathic use of self. Ultimately, this endeavor seeks to cultivate a more empathically attuned and effective counselor. Subjective empathy allows counselors to momentarily experience what it is like to be a client. Drawing on a practitioners common humanity, identification evokes a heightened sense of what it is like to be a client on a partial and temporary basis. Identifying with the joys and sorrows of another person, even when the experiences are culturally different, engenders a perceptible kinship found in empathy. For example, an African American client may express feelings of hurt and dismay when speaking about a recent incident of discrimination in therapy. Although a white counselor does not have personal experience with dealing with racial oppression and discrimination, they could identify with the client to a limited extent based on social encounters of distress and rejection. The capacity of a counselors imagination triggers mental images and emotional reactions when listening to evocative narratives of a client. A practitioners imaginal activity connects with the lived experience of an individual, including envisioning potential outcomes that seem vague or distant to a client. Consider, for instance, a young adult who is in treatment for substance use disorders. In a despairing tone, this client recounts how challenging it is to avoid spending time with a friend who has a serious drug issue. To better understand this situation, the counselor imagines the client walking near the neighborhood where his friend lives and pausing on a street corner. A few minutes later, the counselor fleetingly experiences a visual image of the client in the future voicing feelings of accomplishment for being drug free for an extended period. Drawing from a counselors life and counseling experience, intuition involves a rapid way of empathic knowing that is outside the realm of reasoning. With an immediate awareness and a sense of certainty, a practitioner recognizes explanatory patterns of client functioning that were previously unclear or questionable. In an assessment, for example, a client may recall an early recollection when using a projective technique in session. Almost simultaneously, the counselor intuits the theme or main idea of the individuals first memory. Although the theme of the memory emerges rapidly, counselors are in a position to verify it through objective and interpersonal ways of knowing. Embodiment is a more visceral approach to empathy. Through an activation of embodiment in counseling, a practitioner periodically experiences sensations rooted in the body that contribute to empathically understanding a client. When an individual manifests physiological signs of tension, lethargy, relief or other somatic expressions, the counselor briefly reacts with similar bodily felt states. For instance, a client may express that they feel tired most of the day and often lack energy. As the client describes sitting on their couch watching television for hours at a time, the counselor begins to experience a sense of fatigue. A practitioners sensibilities of subjective empathy resonate in personal exchanges with a client. However, implications of the capacities only become therapeutically meaningful when a counselor embraces their potential to cultivate an experiential way of knowing a person. With a shift to an objective empathy mode, a counselors empathic use of self becomes more focused on theoretically informed knowledge and accrued counseling experiences that are fundamentally different from the experiential quality of subjective empathy. From a broader perspective, however, converging subjective and objective modalities enhances a reasoned view of a client in lived contexts. While maintaining an awareness of subjective reactions with a client, a practitioner steps back and more dispassionately accesses conceptual material relating to an objective standpoint. Counselors can draw from their knowledge of diverse counseling orientations when using objective empathy. From the therapeutic tradition of reality therapy and choice theory, quality world encompasses internal images of what matters most to a person in their life. Take for example an early adolescent who comes to counseling because of failing grades. The school counselor is aware that the client highly values spending time with friends, riding a skateboard and wanting to own a motorcycle. Expressing an empathic grasp of the individuals quality world is essential before attempting to expand perceptual foci to include academic performance in school. Defense mechanisms are psychological strategies that involve automatic and habitual responses of a person to perceived threat. Empathically understanding a clients maladaptive defenses contributes to strategically processing ingrained patterns. In a treatment context, for instance, a client may discuss volatile personal events in muted emotional tones. The counselor recognizes the client is using isolation as a defense mechanism in which the client severs verbalized experiences from associated affect. This empathic awareness enables the counselor to effectively work with the individual through guidelines relating to the meaning and modification of the threat response. Through an empathic use of self, counselors can strengthen not only theoretical orientations but also clinical aspects such as diagnosis, multicultural dimensions and trauma-informed approaches. Clinicians use the Diagnostic and Statistical Manual of Mental Disorders (DSM) to gather evidence-based data to help them with assessment and diagnosis of mental health disorders. Some counselors, particularly those with a humanistic orientation, criticize the DSM because it categorizes individuals through labeling. However, it is possible to blend reputable sources of knowledge with humanizing and contextual perspectives through an integration of objective and subjective empathy modalities. Consider the example of a client who is in counseling for behavior consistent with a major depressive disorder. Although the counselor is able to discern symptoms of depression using the DSM and the clients functioning, the process lacks context and does not account for the individuals lived experience. After the counselor listens to the clients stories through a subjective empathy posture, however, what it is like to be depressed day after day resonates with the counselor. Thus, combining experiential and reasoning ways of knowing generates inclusive, richer and potentially more accurate diagnostic formulations. Although the subjective and objective modes are vital for empathically understanding a client, the integral model is not fully realized until counselors also engage in the interpersonal mode. An interpersonal position emphasizes a sense of grasping the phenomenological experiencing of a client and formulating and executing a wide range of therapeutic skills. When moving into an interpersonal empathy posture, a counselor is aware of perceptions of a client that materialize from subjective and objective empathy perspectives that inform and shape counseling change. From an interpersonal stance, a counselor accesses an array of empathy-based stage and strategic skills. Stage skills are identifiable in three phases of the counseling process: relationship, integration and accomplishment stages. In the relationship stage, relational skills foster an empathic understanding and emotional connection with a client. Relational skills include reflection of feelings, reflection of meaning, encouragement, immediacy, questions, silence and self-disclosure. For example, a counselor may ask open questions to learn more about the client: What is it like to be in a public setting (such as in class) when your mind wanders? or What did you hope would happen when you asked for help? When conveying a question from an interpersonal empathy mode, the counselor attunes to a clients nonverbal expressions. Using an objective empathy standpoint, the practitioner also draws from counseling guidelines and resources on the effective use of questions. And when the counselor shifts to a subjective empathy stance, the clients reactions to the question resonates with the counselor. In the integration stage, integrative skills facilitate an awareness of client dysfunction and foster more purposeful ways of being. The integrative skills include confrontation, reframing, cognitive restructuring and interpretation. Reframing, for instance, involves inviting a client to explore alternate perceptions or perspectives to a particular problem or situation. After having developed an empathic way of knowing the client, the counselor suggests alternative, yet meaningful, ways of viewing problems and situations. From a subjective empathy posture, the counselor listens to the clients story in context and recognizes dysfunctional and unhealthy thoughts. Shifting to an objective empathy position, the practitioner brings to mind more adaptive viewpoints. Using an interpersonal empathy mode, the counselor conveys an alternative and more purposeful perspective and guides the client in effectively reframing the negative thought or belief. The accomplishment stage emphasizes an empathic focus on engendering change and consolidating gains from the previous phases of counseling. At this point in the counseling process, the counselor has already forged a deeper relational connection with the individual and the client is typically ready to make a concerted effort to change. Accomplishable skills that help clients move toward change include the Adlerian techniques of breaking it down, catching oneself and acting as if. For example, if a client views a task as daunting because of its perceived magnitude, then the practitioner suggests breaking it down by segmenting the undertaking into smaller and more doable parts. In the interpersonal empathy mode, the counselor introduces the concept of breaking it down, while also being aware of application guidelines involving steps or procedures from an objective empathy stance. In turn, a subjective empathy posture resonates with the counselor as the client details action plans relating to segmenting the task into more manageable parts. Beyond the stage skills, strategic skills, including methodological conceptions and practice formulations, are among the most critical and challenging competencies for a counselor to navigate in counseling. Methodological conceptions include immediate and extended perceptions of a client, content and process, first- and second-order change, schema theory, multicultural dimensions, empathy and sympathy distinctions, and stages of the therapeutic process. Consider, for instance, first- and second-order change. First-order change stresses attention to immediate problems or symptoms of a client in situational contexts. This might involve issues such as divorce or separation, extended unemployment, academic failure or other distressful events. In contrast, second-order change focuses on ingrained and dysfunctional client perspectives or schemas that contribute to distress or impaired functioning. Without a preliminary empathic understanding of a client, decisions on the type of change required may result in flawed treatment planning and a misdirection in the counseling process. The strategic skills associated with practice formulations include response to threat, countertransference, alliance ruptures, dream work, nonverbal communication, practitioner distress and trauma, and individual assessment. For example, a practitioner may make remarks that a client experiences as offensive or threatening. This leads to an alliance rupture because it triggers strains and tensions between the counselor and client. When the counselor takes a subjective empathy stance, the clients distressful reactions resonate with the counselor. By recognizing the relational impact of the alliance break from an objective empathy perspective, the practitioner also realizes they must also assume some personal responsibility for the infraction. Shifting to an interpersonal posture, the counselor communicates a lack of empathic awareness for the insensitive comments. Carl Rogers was well-known for his work on empathy, and toward the end of his life, I had the privilege to attend one of his public lectures where he spoke about wanting to know more about empathy. I remember being confused by Rogers remarks at the time. He was an expert on this topic, so why would he want or need to know more? How could there be more for him to even understand? But Rogers words began to take on new meaning as I continued my quest to better understand empathy in counseling. He reminded me that learning about empathy is not only an ongoing process but also an essential one because it helps us realize empathys potential to engender psychological healing. For me, playing a small part in this continuing journey is both gratifying and humbling. Arthur J. Clark is an ACA member and professor emeritus at St. Lawrence University. He is the author of Empathy and Mental Health: An Integral Model for Developing Therapeutic Skills in Counseling and Psychotherapy (2023) and Empathy in Counseling and Psychotherapy: Perspectives and Practices (2007). Contact him at aclark@stlawu.edu. Opinions expressed and statements made in articles appearing on CT Online should not be assumed to represent the opinions of the editors or policies of the American Counseling Association. Tags: Professional Counseling Professional Development

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