Response to Frankel and Sommerbeck

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Frankel and Sommerbeck's article, while providing an eloquent exposition of the rationale for nondirective client-centered therapy (NDCCT), does this at the expense of attacking other viable ways of practice that lie within the person-centered (and Carl Rogers' own) umbrella. Frankel and Sommerbeck essentially postulate a behaviorist version of empathy. They distrust attitudes and intentions because they are supposedly vague and ill-defined and argue that only precisely defined behavioral empathic reflections are empathy. To answer this fully would be to rehash 70 years of controversy over behaviorism. Suffice it to say that psychology in general has moved beyond this reductive form of behaviorism and is once again realizing that internal concepts like attitude and intention are useful.

In fact, modern literature is showing that we are naturally built to quickly and directly perceive intentions in others' behavior. Baron-Cohen (1995) has argued that we are built to "mind-read." There is a whole developmental psychology literature on "theory of mind," and it shows that the only true behaviorists are one- and two-year-olds, who outgrow it fairly quickly. Furthermore, modern findings on mirror neurons are providing a physiological basis for our perceiving intention in behavior (Knoblich & Sebanz, 2006).

Studies of clients' responses to therapy show that clients view the process of therapy more holistically and less reductively than suggested by Frankel and Sommerbeck. They see empathic intentions in many different varieties of empathic responses, not merely empathic reflections (Bohart & Boyd, 1997; also see citations in Elliott, 1986, p. 506). The reason they do is that there are different ways to express empathy.

When my daughter was in school, sometimes the most empathic thing I could do if she had a bad day would be to share a moment doing something fun with her. On other occasions, the most empathic thing would be to silently listen. On still other occasions, the

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most empathic thing might be to reflect. And, yes, on still other occasions, the most empathic response might be to give advice. Consider the following example: Someone comes up to you in a class and says he or she has to urinate and asks you where the bathroom is. What is the most empathically attuned answer: "You feel you have to go," or, "It's down the hall"? Of course, Frankel and Sommerbeck might answer this by ruling out "It's down the hall" by defining only reflections as empathic. But I think most modern theorists understand empathy to be broader than that (Bohart & Greenberg, 1997). Parenthetically, the measure of empathy (and other facilitative conditions) that has shown the most predictive power in regard to therapeutic outcome is Barrett-Lennard's (1986) Relationship Inventory (Bohart, Elliott, Greenberg, & Watson, 2002; Watson, 2002). Clients are asked to rate the overall level of how much their therapists have understood them. It generally predicts outcome better than measures that rate empathy by focusing on whether specific responses are good empathic reflections or not (such as the Accurate Empathy Scale of Truax & Carkhuff, 1967). On the Relationship Inventory, clients can give high ratings of feeling understood to therapists who do not stick exclusively to empathic following responses, suggesting that clients are going beyond therapist behaviors to infer therapists' understanding attitudes.

Rogers' move to an attitudinal conception of empathy was therefore far-sighted, not a case of sloppy thinking, as Frankel and Sommerbeck seem to imply. Does this introduce complexities into identifying empathic responses? Absolutely. Do we want to avoid such complexities by defining the problem out of existence? Not me.

Concerning the response of mine that Frankel and Sommerbeck term "so called" empathy—"If I were in your shoes I think I'd feel as confused as you. The scary part for me would be the fear I might make a wrong choice. I sense that may be true for you but I'm not sure. And you don't even know what's holding you back or whether or not it can be trusted" (Bohart, 1997, p. 117)—Frankel and Sommerbeck argue that it is authoritative and sympathetic rather than empathic. While this response is not an empathic following response—I agree with Frankel and Sommerbeck on that—it certainly is an empathic response. The response is an expression of me putting

myself into the client's shoes and is tentative. The response was me recognizing (empathically understanding) the client's experience and "testing understanding," to use Rogers' term.

In this case, I was not trying to portray myself as practicing NDCCT. Although I value NDCCT highly, it's never quite fit me as the only way for me to practice. In this case, I was asked by the editors of the book to illustrate the combination of practices that I had covered in the chapter, which was on both CCT and experiential approaches. Since this was a case in which I happened to have utilized some experiential methods, I used it as an illustration.

As far as Frankel and Sommerbeck's contention that the response is authoritative, that is *their* perception, and they don't have the right to authoritatively decide for Andrea what her experience was. Frankel and Sommerbeck might argue that the power differential in therapy means clients like Andrea will not feel safe saying no, but they don't know my clients. Furthermore, they don't know the evolving context of therapy with Andrea, either. Clients are smart enough to pick up intentions over time. They can pick up how much a therapist really is nondirective in attitude, even if the therapist is not relying solely on empathic following responses, as seen with Rogers with Gloria (Bohart & Byock, 2005). They can pick up how free they really are to say no. With regard to Rogers 2, clients can and do perceive over time whether the counselor genuinely *means* not to impose his or her point of view, even if offered. It is simplistic (and insulting to clients' strength) to assume that an empathic suggestion automatically robs a person of his or her autonomy.

The behaviorally reductive concept of empathy ignores a (potentially) huge proportion of empathic responses that involve intention of understanding. *How* someone self-discloses is every bit as important as whether they do or not. In good relationships, in which therapists have repeatedly demonstrated that they respect clients' autonomy, sharing personal perspectives can be done as a form of empathic responding. It is taken by clients as respectful and as grist for their mill, not as "the voice of authority" taking away their autonomy. They feel free to consider it, use it, use part of it, or use none of it. And they gain in freedom just because another person has been able to

convey a respect for their own self-direction while also sharing a personal perspective.

There are many unique virtues to the practice of NDCCT (one of them is that it provides an unabated and unique opportunity for clients to follow their own unfolding narrative). That does not mean there are not other ways of practicing that (a) are empathic, (b) respect clients' self-direction, and (c) support clients' own self-healing and self-righting activities in other ways.

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