A STRUCTURED LEARNING EXERCISE IN PERSON-CENTERED EMPATHY WITHIN A COUNSELOR TRAINING PROGRAM

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ABSTRACT The structured exercise in empathic listening is designed to provide counselor trainees with an intensive and deliberate focus on the person-centered empathic process. By far the single most curative factor identified in counseling process and outcome research, empathy deserves to be a key focus of counselor research and training. Current psychotherapy outcome research estimates of empathy's variance in effecting client positive change occur in the 40% range. This learning exercise is decidedly a highly effective tool for enhancing counselor's capacities to practice empathy; with minimal, if any observable adverse effect on student-selected participants. Qualitative findings from more than 200 counselor trainees over a ten year period, along with a sub-sample of 23 trainees' quantitative results point to the value of the empathy exercise as an especially useful method in counselor empathy training. Experience with the large number of exercises being conducted by trainees suggests that rare instances of a need for one-on-one supervision do occur; and that therefore, the trainer-supervisor must be mindful of the progress, process, and outcome of each case. In-class periodic assessments of general progress, along with individual student meetings and initiation of follow-up as needed are recommended.

History and Structuring of the Process

The empathy exercise was originally introduced to the first author as an experiential training resource by Frank Asbury, professor of counseling at the
University of Georgia in the 1980s. Asbury assigned students the task of logging their empathic relationship with a selected participant for ten weeks. The present exercise evolved from Asbury’s method and asks class members to select two participants with whom to intentionally communicate empathic positive regard for about 10 hours each. Although assigned with the syllabus the first night of class, students were encouraged to delay beginning the exercise until they had mastered some of the basic premises and elements of empathy (after a few years it became apparent that many students had difficulty implementing the assignment until after about three weeks of empathy instruction). Considerable variability existed both within and between the classes (of about 20 students each) with regard to student background in personality theory, as well as with regard to student experiences in counselor on-the-job training. Usually, a few or several students in a class were teachers. Students came to study the fundamentals of counseling from a variety of fields, including nursing, industry, police and social service work, banking, etc.

Instruction in empathy theory and practice continued the duration of the semester, such that as the exercises progressed, so did student knowledge of and skill in empathy. Instruction included lecture on core conditions and definitions of empathy (e.g., Rogers’ (1951; 1957; 1980); discussion on integration of empathy with Cormier and Hackney’s (1999) characteristics of effective helpers, review of Jerome Frank’s (1971) therapeutic conditions, video analysis of empathic process and outcome (e.g., Carl Rogers’ interviews with clients), text reading on empathy (e.g., Patterson & Welfel, 2000; Sharf, 2000), and supplemental readings on the empathic understanding process (e.g., Brink, Farber, & Raskin, 1996). It is noteworthy that suggested readings in the class included predominantly “universal” or non-specific factors approaches, or what Hamilton and Faust (2001) refer to as inherent factors. Various theory-specific applications of client conceptualization and therapeutic response are also included.

An outline format was developed as a guide for assessing various potentially relevant domains of impact generated by the empathy relationship. This form was developed in response to student requests for more structuring of the exercise report. The optional outline format suggests that a student assess the impact of empathy along various domains: Characteristics of the relationship (e.g., friendship, romantic, collegial); multidimensional (individual/multicultural) qualities of the participant (e.g., gender, age); and student-participant differences (e.g., in values and beliefs). For a comprehensive view of variables considered, the “Optional Empathy Exercise Report Outline” appears in Appendix A.

Students are instructed to begin by identifying two individuals with whom to conduct the exercise. It is recommended that they base their selection on a number of considerations, including availability of contact, opportunity for comparison, potential for growth in both participants, and perceived need for greater understanding in the relationship. As described above, theoretical postulates of and research evidence for empathy facilitators and empathy inhibitors (from theory specific and cross theory perspectives) are a significant component of in-class presentation and out-of class reading. Training in empathy is further introduced using in-class practice in empathic listening with an assigned class-member client. (student’s clients are not also their counselors in order to better approximate the
client-focused therapeutic relationship. At this time, a discussion on therapeutic boundaries and/or the sanctity of the therapeutic relationship has particular conceptual relevance to the students’ anticipatory sets. Regarding this pairing of students as client-counselor, three 10 minute tape transcriptions with analysis are required over the course of 15 weeks (one being a video, often done outside of class). The weighting of the grade on counselor empathy and empathy analysis (which includes prepared alternative responses) over tapes one, two, and three respectively, are 20/80; 50/50; and 80/20. In other words, students are required to make more advanced empathic responses over the course of the semester in order for their grade to remain equally high. In some instances a student will perform exceptionally well on more than one tape. It is rare that a student’s first tape will generate a high level of empathic facilitation, but that a later tape will focus more on directive involvement by way of some theoretical- or self-based agenda. Re-submissions of work to achieve higher grades is permitted, and a process for refuting a grade is detailed in the course syllabus. Commonly requested are re-submissions of a few or several alternative empathic responses. Occasionally, entire re-taping is requested.

For the empathy exercise, client, counselor, and relationship variables germane to the therapeutic process are discussed using the various methods of instruction previously listed. Topics of discussion center around a number of significant factors related to empathy development, among them, counselor expectations, client motivation, client and counselor personal needs, valuing processes, capacity for and essentiality of acceptance, life experiences, congruence of attitude, trustworthiness, etc. Students are invited to consider themselves experimenters in the practice of empathy. Their task is to develop their empathic skills as best as they can; in the process to identify aspects of themselves, their participants, and their relationship with their participants that both facilitate and inhibit their capacity to be empathic.

Limitations and benefits of the empathy exercise as described in this report are supported by a compilation of data from nine years of implementing the exercise. Results based on 206 counselor trainees’ qualitative written summary reports are presented below. This section of the report is labeled “Results of the Qualitative Data.” Before summarizing these findings the results of quantitative data from 23 of the 206 students (all from Fall, 2000) are presented. This quantitative assessment of empathy exercise experiences appears next.

**Methodology for the Quantitative Data**

During the Fall, 2000 semester, a short quantitative survey (see Appendix B) developed by the first author was administered to 23 students who had completed the empathy exercise as part of the course requirements for Fundamentals of Counseling, an introductory master’s level course required of students in five counseling programs. All students reported on two empathy exercises, for a total of 46 participants (dependent data in this regard).
Results of the Quantitative Data

Table 1 presents the mean scores of the three Likert scale survey items categorized by the type of relationship between the student and the selected participant. Table 1 shows that the highest score for all categories of participants occurs on survey item three. This item addresses the extent to which the exercise helped increase a student’s understanding of and ability to be empathic. Mean scores on items one and two report 1) the extent to which the exercise improved the relationship, and 2) the extent to which the exercise helped the participant, respectively. Mean scores on these items are at or above the average score of three.

Table 1. Mean Scores from Empathy Exercise Survey of 23 Counseling Students Reporting on Two Participants (n = 46 participants).

<table>
<thead>
<tr>
<th>Participant (n)</th>
<th>Improved Relationship</th>
<th>Helped Participant</th>
<th>Increased Empathy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend (8)</td>
<td>3.1</td>
<td>3.1</td>
<td>4.3</td>
</tr>
<tr>
<td>Parent (5)</td>
<td>3.0</td>
<td>3.1</td>
<td>4.0</td>
</tr>
<tr>
<td>Client (11)</td>
<td>3.6</td>
<td>3.0</td>
<td>4.3</td>
</tr>
<tr>
<td>Partner/Spouse (7)</td>
<td>4.0</td>
<td>3.7</td>
<td>4.4</td>
</tr>
<tr>
<td>Student (4)</td>
<td>4.0</td>
<td>3.7</td>
<td>4.2</td>
</tr>
<tr>
<td>Co-worker (7)</td>
<td>3.1</td>
<td>3.7</td>
<td>4.5</td>
</tr>
<tr>
<td>Sibling/Other Relative (4)</td>
<td>4.2</td>
<td>4.0</td>
<td>4.5</td>
</tr>
<tr>
<td>Total (46)</td>
<td>3.5</td>
<td>3.4</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Note. Response options range from 1 = very low to 5 = very high (see Appendix B).

Although an occasional score of 1 (n = 1) or 2 (n = 11) was assigned, these results provide some support for the efficacy of the assignment, not only in empathy training, but in facilitating positive relationships and outcomes with the chosen participants.

The study’s cohort of 23 students were also asked to produce a qualitative response to questions about a) the most important variable contributing to their ability to be empathic (item 4), and b) the most significant variable limiting their capacity to show empathy (item 5) (see Appendix B). Table 2 shows both consistent and idiomatic themes. These results at least partially circumscribe the probabilities and possibilities (emergent factors) associated with empathic understanding. When reviewing the Table 2, qualities listed pertain to the student except where participant is indicated.
Table 2. Student Reports of Most Important Contributors to and Limiters of Empathy.

<table>
<thead>
<tr>
<th>Most Significant Contributors</th>
<th>Most Significant Limiters</th>
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</thead>
<tbody>
<tr>
<td>Quality</td>
<td>n</td>
</tr>
<tr>
<td>Caring</td>
<td>5</td>
</tr>
<tr>
<td>Shared History</td>
<td>4</td>
</tr>
<tr>
<td>Desire to Help</td>
<td>4</td>
</tr>
<tr>
<td>Non-Judgmental</td>
<td>3</td>
</tr>
<tr>
<td>Listening Skill</td>
<td>2</td>
</tr>
<tr>
<td>Participant Disclosing</td>
<td>2</td>
</tr>
<tr>
<td>Participant Willing</td>
<td>1</td>
</tr>
<tr>
<td>Self Awareness</td>
<td>1</td>
</tr>
<tr>
<td>Partic.'s Parent's Involved</td>
<td>1</td>
</tr>
<tr>
<td>Comfortable Environment</td>
<td>1</td>
</tr>
<tr>
<td>Problem Effect on Participant</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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</table>

A follow-up analysis of responses to the question "What variable most significantly limited your capacity to be empathic?" was conducted for respondents who endorsed a score of one or two on the first two survey items (low relationship improvement/helped participant scorers). In eight of the 12 cases, the limiting variable cited resides in the client. That is, 67% of students reporting below average relationship improvement/help to participant identified the most significant limitation on empathic ability to be the client’s negative, defensive, irresponsible, or manipulative behavior. Empathy-limiting variables reported by the remaining four respondents in this pool all converged upon a theme of student-participant differences in values and attitudes.

Concerning significant empathy contributors for the 12 low scoring students, considerable variation in the locus of contribution is observed: *Internal to Student* (genuine caring; desire to help; acceptance of others), *External to the student, participant, and the relationship* (privacy, time, parent interaction with participant, comfortable environment), *Participant-based* (degree of problem impact on participant’s life; participant’s willingness to respond to student, participant willingness to seek solutions on own); and *Relationship-based* (a common past).

In contrast to the follow-up effects of low scorers are the results from nine very high scoring students. These students endorsed the highest possible score of five on item one-- **improved the relationship** and/or item two-- **helped the participant**. High scores of 4 were not reviewed; however, they constituted 40% of responses to these two items (37/92). The nine very high scorers’ most significant empathy-contributors were almost entirely **elements internal to themselves**, namely, caring, suspending judgment, open minded, understanding. In contrast, a variety of attributions were made by these very high scorers regarding the most significant limitation to empathic capacity. *External inhibitors* (*n* = 3) included privacy and
time constraints, internal inhibitors \((n = 4)\) included not accepting the client’s choices and not suspending judgment; relationship inhibitors \((n = 1)\) included having a prior relationship, and participant inhibitors \((n = 1)\) included the client’s tendency to blame. It bears repeating that for students who regarded the effects of empathy to be high, internal locus was more typically cited as a key variable; while lower regard for the effectiveness of empathy was more consistent with students who experienced a wide range of loci (in the self, in the participant, in the relationship, external factors).

**Conclusions from Quantitative Findings**

Despite our small and not entirely independent sample, observing average or higher mean results on all three of the empathy exercise items for this sample of 23 students/46 participants is seen as a very satisfactory result for extending the use of the empathy exercise in counselor training. Ninety-one percent of the total number of quantitative responses \((125/138)\) fell at or above the average assessment score. Future surveys might provide a scale that includes an expanded negative range, e.g., perhaps using items worded in reverse (“hurt” rather than “help”) and less assuming that the exercise would help at all. Still, the fact that “very low” was hardly ever selected as a response suggests that the empathy exercise generally improved relationships and helped the selected participants rather than hurting them. This result will be further iterated in the following report of qualitative results.

Some assessment of student’s capacities for empathic responding could add to understanding of variance in learning person-centered empathy. Moreover, greater specifics on the acceptable nature of the participant, the external world, and the relationship could aid in controlling or accounting for these variables. It is tentatively predicted that the nature of the counselor contributes significant variance in success with empathy. However, it may also be useful to stabilize some of the potentially meaningful participant (e.g., recalcitrance) and relationship (e.g., stable) variables. Present results encourage the empathy exercise as a useful tool for training in empathy. Although higher scores for more of the 23 students might have been hoped for, the overall higher scores on the item “increase your understanding of and ability to be empathetic” are reassuring that the course assignment is meeting its primary objective. The present results offer some meaningful solutions to anticipating (or responding to) student difficulties with successfully implementing the empathy exercise.

The summary findings of low versus high scorers on contributors and limiters of empathy exercise success is depicted in the following chart:
Table 3. Most Common Variables Contributing to and Limiting Capacity to be Empathic for Students who Endorse Low Scores (1 or 2) on Helps Participant and Helps Relationship, versus Students with Very High Scores (5) on Helps Participant and Helps Relationship

<table>
<thead>
<tr>
<th>Most Contributing Variable</th>
<th>various</th>
<th>internal/self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Limiting Variable</td>
<td>participant</td>
<td>various</td>
</tr>
</tbody>
</table>

Empathy Helped: Low Scorers versus Very High Scorers

That very high scorers present largely internal attributions in describing the source of their success with the empathy exercise. This finding is consistent with the view that an internal locus of evaluation is more congenial with empathic experience than an external one. That low scorers often attribute their limited capacity to participant-based and student-participant value differences presents at least two possible interpretations. First, low empathy success raters may be presenting a self-protective response to their experience of relatively lower perceived success. Second, low scorers may simply have chosen participants, settings, or relationships that presented significantly greater challenge to the empathy exercise. Although greater control for student-participant relationship quality, participant characteristics, and external factors would reduce some of the naturalistic observation of empathy exercises, an argument can be made in favor of increased predictive value with greater control. Having students complete a locus of control evaluation at the start of the semester could answer some of these concerns with minimal interference.

Methodology for the Qualitative Assessment

Regarding the qualitative assessment described below, the Rosenthal (Rosenthal & Jacobson, 1966), or expectancy effect presented in this 10 year long study is probably slanted toward discovery of issues related to the person-centered position of the researcher. It was communicated to students that we were focusing on a specific process of deeply understanding. This view of understanding sharply contrasts a directive, therapist-as-expert stance where understanding is contextualized in an evaluative counselor framework. Person-centered, or empathic understanding, values the client as the expert, and is reticent, or at least reluctant, to "solve a problem.” Furthermore, the conditions of genuineness and unconditional positive regard are presented as a part of a deeply congruent empathic approach. In this course, a highly specific type of empathic intention was encouraged, namely, a client-centered empathy; where acceptance of the other, genuineness with the other,
and deep respect for the actualizing potential of the other are inextricably tied into understanding. Goals may or may not be at issue. The empathy learning exercises direct students to examine their capacity to accept others, be congruent within themselves, and trust the growth potential of others.

Entering freely and non-judgmentally into participants' phenomenal worlds presents a challenge that some students found objectionable on the grounds of insufficiency. Still, many others embraced the task and even found it to be life altering. It is uncertain how many of the 206 student empathy exercise reports limited their observations to elements that would satisfy the professor in evaluations. A minority of students appeared to have been deliberately challenging and argumentative. I have attempted to represent the results fairly, bearing in mind my subjective attention to the data.

Results of the Qualitative Assessment

The dominant theme presented in empathy exercise reports was that relationships were improved, participants benefited, and that empathy ability was enhanced. Nevertheless, consistent limitations in the usefulness, helpfulness, and sustainability of empathy were evident.

- "Personal" Versus Work Relationships

A consistent difference in the sustainability of empathy was observed when comparing empathic listening with intimate and close relationships (i.e., spouses, siblings, close friends) versus empathic listening with more vocationally oriented relationships (clients, students, work colleagues). Intimate personal relationships were sometimes described as circumscribed by a give-and-take style of relating, where the student had certain personal needs that interfered with empathy, or where the participant had certain expectations that the student would give advice or share their personal perspective on matters.

A recurrent theme presented as a resistance to empathy in work relationships was that of circumscribed agency policies and prior practices of greater accountability and goal orientation than is encouraged by the more purely empathic stance. Although training segments that focused on integrating agency's documentation and accountability functions with empathy were included (informing client's of agency needs, inferring goals and objectives, involving client's in writing notes), resistance to empathy was nevertheless reported to be a function of requirements by agencies, schools, and theory/therapy allegiances to accountability and goal focused relationships.

Despite these limitations, the preponderance of respondents reported the deliberate introduction of empathy into their relationship to be largely beneficial to the participants, to their relationships with the participants, and to their increased knowledge of empathic understanding. In addition, despite their plans to impose
limitations on empathy in their relationships, nearly all 206 students expressed the intention to continue incorporating empathy in their relationships.

- **On-Going Versus Newly Developed Relationships**

  In relatively few instances, the participant chosen for the exercise was a person whom the student knew only a short time, or whom the student had just met. The vast majority of student-participant relationships had already been established. The experience of changing interpersonal style for the purposes of the exercise was not uncommonly described as awkward, and in some cases even unsettling or disturbing. Nevertheless, most respondents identified the change to be welcomed, even needed; and reported that empathy revealed how infrequently they truly listened to the people who were closest to them. This common thread of empathy as a refreshing change in relationship development was often observed in statements of intent to continue to work at becoming less judgmental and more open-minded toward others in the future.

  Students who emphasized their shared history of non-empathic styled communication, and who embraced (reported enjoyment with) the present status of their relationship were especially likely to report increased disturbances arising from introducing person-centered focused empathy into relationships. These disturbances were reported as arising in part from expectations for non-empathic modes of relating from within the student as well as from within the chosen participants.

- **Disclosure Versus Non-Disclosure of the Exercise**

  Uncertainties about the intention of the exercise were also noted when its purpose was not disclosed (especially among more intimates). Although not disclosing the nature of the exercise created occasional responses of perplexity by participants, no detrimental effects were established as a consequence of non-disclosure. A student’s choice to disclose or not disclose the focused learning exercise in empathic understanding appears to be an important decision that is largely influenced by the degree to which the student assesses that disclosure would harm the naturalistic process of the relationship. The large number of student responses attesting to retrospective positive feelings regarding not disclosing to the participant that they were selected for the exercise supports continuation of this choice for students; even despite occasional irritations with response style changes in more intimate relationships.

  When participants were informed of the exercise in advance, the student’s new behavior was likely to be commented upon; and favorably so. In most cases participants reported enjoying the increased attention and understanding they received. Indeed, improvement in personal, collegial and counselor-client/teacher-student relationships was frequently evidenced by participants’ positive comments about the student’s enhanced listening, whether the exercise was announced or not. Despite occasional reports that empathy created not only student frustration but also participant frustration because it curtailed student communication of personal needs,
values, beliefs, and opinions, participant feedback repeatedly welcomed empathy as an enhancement to the relationship.

- **Student-Participant Communication Styles and Value Similarities**

Empathy was considerably easier to sustain when the history of the student-participant relationships was characterized by more two-way than one-way communication; and also, when the student purported values and qualities inherent in empathic intent (i.e., loving, caring, accepting, open minded) more than non-egalitarian, discipline-oriented, accountability-oriented and/or expert-centered. Value and belief system differences clearly distinguish successful and unsuccessful empathy attempts, with greater subject-participant value and belief differences inhibiting subjects’ ability to experience empathy.

The type of relationship between student and participant also influenced the operations of value differences upon empathy. Close personal (and sometimes vocational) relationships characterized by significant student-participant tension sometimes created a barrier to offering even minimal non-judgmental openness to the participant. These contentious relationships often served as challenges to students who indicated that the exercise brought these particular self, participant, and relationship inhibiting characteristics to the forefront of their awareness; allowing them to examine their personal limitations and their need for continued exploration and growth. In most of these instances, the judgmental position arising from striking values differences served to hinder but not eliminate empathic passes. Judgments considered to be fueled by the students personal needs were most likely to be perceived as opportunities for learning compassion toward others’ views, and/or clarifying one or more of the student’s deeply held values or beliefs.

- **Summary of Outcomes**

The exercise produced consistently positive outcomes for various types of relationships, as well as offering trainees with an opportunity for self examination of their limitations in capacity to experience and show empathy. Typical conclusions drawn in student’s reports include the following statements.

- “My relationship with my son has really improved since I have started listening more and stopped judging him or trying to change him. I have found that a lot of times he ends up concluding what I would have tried to make him see, but that he would have resisted because it came from me and not from him.”
- “Although I don’t really agree with my coworker’s actions I can now have more compassion for her point of view. Whereas before I avoided her and she avoided me, she now seeks out my input on her work.”
- “My spouse said “I don’t know what you’re doing in that counseling program, but keep doing it. I really like that you listen to me.”
- “I’ve made progress with this client that I had not previously made. She is more open and has even commented that I seem to be understanding her better.”
As described earlier, focused empathy sometimes produced awkward or even unproductive results, although these outcomes do not appear to have any serious negative impact:

- "My spouse said "stop giving me that psychology crap and tell me what you think."
- "It felt funny talking to my friend this way. I'm used to giving her my opinions and suggestions, and I don't think it was always appreciated or helpful for me to not tell her what I thought about things."
- "Some client's don't respond very well to this type of freedom. They continue to make bad choices."
- "It is very difficult for me to be empathic with this person because we think in such different ways and our values are so different."
- "I think my client needs more guidance and structure and I'm not sure if this form of (unconditional positively regarding) empathy allows me to do that."
- "I'm not sure what to do now that she has opened this up to me. I think she might need more help than I can give her."

Final Remarks on Structuring the Empathy Exercise

Discoveries occurring during the empathy exercise may require follow-up attention by the course instructor. The opportunity for students to dialogue about their experiences is an essential instructor responsibility. Time must be dedicated for group and individual follow-up of issues that can and do arise during the exercise. Brief individual appointments can often manage student's concerns, but more intensive involvement may be needed. The students' written reports should be presented in a timely enough manner for the instructor to address concerns before the semester closes making contact more difficult. Reports offer the most comprehensive picture of potentially serious situations, that is, when the empathic relationship appears to have facilitated the discovery of a serious matter. Because the empathic relationship facilitates more open expression on the part of participants than is ordinarily present in the student-participant relationship, and because the instructor essentially serves as a supervisor to these exercises, sensitivity to the possibility that counselors in training may become party to serious personal matters and that they may need assistance in managing these discoveries is essential. The faculty member is ethically obligated to both the student and the student's selected participant. This approach to education of empathy may involve helping students examine their relationship with agencies that employ them, as well as helping them to learn about counseling resources--from information about career development services to initiating an involuntary hospital admission.

Case Presentations

The counselor trainees reporting personal accounts in this paper both selected two clients for their learning exercises in empathy. The first selected two adolescent boys in a residential training program for whom she provides therapeutic counseling. The second chose two grade school children with whom he served as a therapeutic support service counselor. Both counselors experienced improved
contact as evidenced by 1) the client's explicit remarks regarding counselor increased sensitivity and understanding; 2) the counselor's increased personal experience of enhanced understanding (not only with the two clients but with other clients and in personal life); and 3) measurable reductions in the one client's anxiety, and in the other's uncontrolled behavior. Several changes in the client's identities have been made in all four of the cases presented below in order to protect client confidentiality.

Empathy Exercise with Two Adolescent Males in a Residential Treatment Facility

Introduction

Responding empathetically has proven to be a unique educational experience. The two clients chosen for this exercise both live in the residential treatment facility where the third author works. The first participant, here called Steven, is a 17 year-old mixed race male with presenting problems related to his sexual abuse of two females, social immaturity, anger, mood regulation, suicidal ideation, oppositionality, defiance, aggressiveness, destructiveness, fighting, family problems, fire setting, stealing, school problems and poor coping skills. Steven has never known his father, and his mother died of cancer when Steven was 11 years old. He has been in placement, including foster homes and other residential treatment facilities since the age of 10. The writer has known this client for approximately three years. The second participant, here called Nelson, is a 16-year-old white male whose presenting problems are his sexual abuse of a child, and impulse control disorder. His parents are still married and they visit him regularly. The writer has known Nelson since the beginning of his nearly one-year placement.

The agency's expectations of the writer's work role requirements for relating with both Steven and Nelson include 1) providing proper role modeling; and 2) providing counseling about a) life-space issues, b) peer relationships, and c) adult interactions. While Nelson is assigned to me as an individual client, Steven is not. Although I try very hard to be open with both teens, I largely consider the exercise a success with Nelson because my expectations were requisite. But, because my expectations for Steven were not matched by him, the exercise seems to have been destined to fail. Nelson interacts in a positive way with adults, and is a very good role model for his peers. In contrast, Steven is very negative and provocative, and demonstrates difficulty getting along with adults and peers. Steven tends to be very manipulative in attempts to gain attention from others. I made efforts to be sensitive to the cultural differences between both clients and myself, and attempted to not allow these differences, including values and moral differences, to interfere with my performance as a counselor. I learned valuable lessons about myself and the profession from working with both clients.

Before beginning the exercise it was decided that disclosing the nature of the exercise to either client would probably stimulate their responding in either a deliberately positive or negative way. Thus a more naturalistic result of empathic relationships was pursued by not disclosing the nature of the exercise to either client.
Not disclosing the exercise appeared to have no harmful effects on either client. In defining successful outcome as a functional of behavioral and attitudinal measures, I consider the empathy exercise with Nelson to have been a success; with Steven a failure. Although Steven did not seem to achieve success from the exercise, he did not appear harmed by it, and as described below, even appreciated being understood, despite his frequently feeling angry with not getting his way.

A Successful Result

Throughout the course, Nelson became more self-disclosing and increasingly commented on his feelings regarding my responses. Although required to meet with client’s once weekly, I observed that as I became more empathic, Nelson wanted to meet with me more frequently. I also noticed him trusting me more, that is, he was increasingly able to speak about difficult topics with less need for small talk. Nelson also showed less anxiety and suspicion with myself and my coworkers. Our contacts were often in the milieu, with little to no privacy. I believe this initially restricted deeper communication. However, when possible I spoke with him in the staff office. Privacy clearly seemed to encourage his disclosure of more private issues. We often discussed his gender identity and other sexual issues, as well as family issues regarding relationships between he and his mother, he and his father, and he and his sister. Nelson’s most pressing concerns were his upcoming discharge and his family member’s reactions to his return home. We had lengthy counseling sessions, often lasting 60 to 90 minutes. Although initially highly anxious, as unconditional positive regard and empathy were demonstrated, Nelson became less anxious and more open. Questions designed to have him think awhile before coming up with a solution also prompted his greater openness. My goal to improve the relationship between counselee and counselor appears to have worked. My client has repeatedly stated that he feels able to talk with me about any topic, and that he is uncomfortable speaking with anyone else when I am not available.

An Unsuccessful Result

I believe that my ability to sustain empathy failed with Steven because my empathy was not accepted. I attribute this in part to my having set goals for Steven that I was initially unaware of. I hoped that being empathic to Steven would provide this very angry teen with someone whom he would trust and depend on. Although I attempted to approach both clients with empathy and acceptance, I felt less than enthusiastic to encounter Steven. My attempts at empathy were half-hearted because I realized, shortly after the exercise began (and perhaps before then), that I would not achieve my desired goals. Because Steven did not embrace my expectations for him, my attempts were more self-serving with him than Nelson. Upon approaching Steven I was thinking “this will go nowhere,” or, “maybe just this once I will get through to him, and his very destructive behaviors will subside.” I was hoping that by being empathic I could help Steven to change the course of his life and he would end up working on his treatment and improve his staff and peer interactions to the point that he would be a successful and productive member of society. I view setting these unattainable goals for Steven to be a key downfall of the exercise.
As the exercise with Steven continued I became more and more anxious because I was not meeting the goals I had established for our relationship. As my anxiety increased I became less and less interested in being successful with him. I often let my feelings of failure guide me. It seems very likely that Steven sensed my despair and lack of investment because I am sure I displayed this on my face and in my attitude. Although I attempted to be empathic whenever speaking with him, I tried hardest when he was acting aggressively towards staff and peers. This appeared to increase his aggression.

I spoke with Steven on the milieu and at times in the privacy of his room or the staff office. Location seemed to play a minor role in differentiating the quality of our relationship. I noticed considerable negative feelings within myself when Steven acted out. At times I felt like abandoning the exercise-- a new beginning with a client with whom I might be more successful. I found Steven's difficulty keeping focused frustrating, and felt discouraged by his finding it preferable to blame others for his behaviors than to take responsibility for his actions. We talked about many things-- his behaviors, his family situation, and what he expected to do when was discharged. No discernible difference in the quality of his disclosures appeared evident by virtue of the topic he was discussing.

**Variables Impacting Results**

Age and gender are not believed to effect the results. However, situation in life likely contributed to differences in my success with empathy. Most adolescents with whom I work have never had someone to listen to them, much less listen empathically. The act of listening at all strengthened our relationships. Although providing Nelson and Steven with empathic listening was at times very difficult, the experiment tested my ability to stay open and even hopeful in the face of adversity. Part of this adversity was the administrative and agency forces for me to behave less genuinely than I believed I could respond without receiving reprimand. That is, a part of my limited capacity to show empathy were the restrictions of choices to respond to clients—behaviors that may have appeared, for instance, to insufficiently assist the client with developing “appropriate boundaries.” I sometimes felt angry with myself because I did not believe I would succeed. Certainly, my own confusion about what my client best needed me to do or say (or not do or not say) was part of the problem with my ability to be empathic. Sometimes, discriminating what I really heard was a problem for the client, or a need for the client, was blurred by the sensibilities of the goals that the agency has long established. The more oppositional was the client to the agencies agenda (to include rather frightening and aggressive behaviors), the more perplexed I felt with finding my way out of this conundrum. Neither client was extremely talkative or withdrawn, which facilitated empathic responding. The topic of discussion often ranged from sexual issues to familial issues.

The most noteworthy benefits of the empathy exercise for me were learning my weaknesses, and determining under what circumstances I could best (and least) respond empathetically. I found two environmental conditions to significantly impact my ability to be empathic. First, it was much easier to respond empathetically when
talking in private without other clients on the milieu distracting me. Empathy was difficult to demonstrate if our sessions were interrupted (which happened frequently). Secondly, empathy was more difficult to convey towards the end of the workweek. A number of variables may enter into this finding, including end-of-the-week tiredness on the part of both client and counselor. With regard to client variables, I found that the most significant inhibitor to my success was the client's acting aggressively. Attempts to respond empathically when the client was acting out actually appeared to result in the client's escalating aggression; and consequently, in my frustration and desire to abandon the exercise.

Among the various benefits of empathy to my clients, perhaps the most significant was the reinforcement of our relationship. Steven and Nelson have a history of abandonment, and the very event of an adult providing unconditional positive regard and empathy contributed to increases in their self-esteem and to a growing belief in adult figures.

One caveat to empathy was that Steven and Nelson began to expect empathy whenever we interacted. I experienced difficulty when my role with them demanded behaviors more structured or treatment plan oriented than those expected of me as an individual counselor. For instance, I perceived them to expect me to speak with them for a great length of time even in the milieu, an impossible task when I needed to provide guidance for 21 clients in this setting. This negative consequence probably effected me more than Steven or Nelson. I often felt anxiety and considered myself an inadequate counselor when I could not speak with the clients. My capacities for establishing clearer personal boundaries within which to engage my clients has developed considerably as a result of the exercises.

My ability to be empathic was often contingent on how the client responded to my attempts at showing empathy. If the client responded positively, then I was likely to feel confident in my ability to be empathic. However, if the client’s aggressive behaviors escalated, or if he became non-responsive, I tended to feel angry and would walk away, returning later when my head was clear and the client (and I) had a chance to cool down. It was also difficult to be empathic if the client placed blame rather than accepting responsibility. This was the factor that effected my empathic responding about as frequently as an interruption in the session.

The variable that most facilitated my capacity to be empathic was reminding myself of the circumstances that my clients had endured during their lives. When I found myself losing the ability to respond empathetically, I discovered that directing my attention to how I might react to their situation helped me to pursue a better understanding of the client's world. I realized that the behaviors displayed by my clients were normal reactions to their past and current circumstances. It helped me to think in terms of their being within the normal range of responses for people who experience more negative influences (including peer pressure) than positive ones.

Overall the exercise was a successful one and I learned a great deal about myself and my abilities as a counselor. I learned several of my strengths and limitations, and what did and did not work with two very different clients.
Empathy Exercises with Two Young Males in a Behavioral Treatment Program

Lambert and Cattani-Thompson’s (1996, pp. 603-606) metaanalytic study identifies empathy as having “a strong relationship” with client outcomes, and as one of the “best predictors” of client outcomes. Rogers defines empathy as “understanding another’s experiences as if it were your own, without ever losing the “as if” quality” (Patterson, 2000, p. 28). Rogers also argues that there are three steps to empathic understanding. He states that empathic understanding is “when the therapist is sensing the feelings and personal meanings which the client is experiencing in each moment, when he can perceive these from “inside,” as they seem to the client, and when he can successfully communicate something of that understanding to his client” (Rogers, 1961, p. 62).

In the present pilot study, the second author examines the effects of focusing on empathy with two eight-year old boys in a behavior treatment program. This study examines factors that impact and are impacted by the use of empathy, both positively and negatively. It is the hypothesis of this study that by making a conscious effort to listen and articulate empathy, the relationship between the Therapeutic Support Specialist and the client will strengthen, and that some of the client's symptoms may reduce in severity.

Method

Participants

The participants consisted of two eight-year-old boys presently involved in a behavior treatment program. One of the boys, Justin, has been diagnosed with pervasive developmental disorder and attention deficit hyperactivity disorder. The other boy, Brandon, has been diagnosed with attention deficit hyperactivity disorder, tourettes syndrome, and impulse-control disorder not otherwise specified (NOS). Both boys are of Latino descent and come from middle class families.

Justin entered treatment due to difficulties with reciprocal social interaction, receptive and expressive language, attention and hyperactivity. Due to expressive language difficulties, Justin frequently becomes frustrated, overwhelmed, and highly anxious approaching various tasks. It was Justin's poor school performance that motivated his mother to seek services. Justin is observed to lack insight into the potential consequences of his actions; therefore, safety was an additional issue motivating the referral for treatment. Justin has been involved in the treatment program for approximately one and one-half years.

Brandon began treatment approximately two years ago due to difficulties with controlling impulsive behavior, persistent patterns of inattention and hyperactivity, as well as vocal, facial and body tics. Although Brandon is capable of
performing well in school, his inability to control his impulsive behaviors were getting him into trouble in school. Brandon was having difficulty with calling-out during class, throwing objects, getting into fights with other children and defying specific requests from teachers. These behaviors prompted Brandon’s parent to seek services.

**Relationship**

The relationship I have with these two children is a Therapeutic Support Specialist (T.S.S)-client relationship in which I work intensively with each child individually on a behavior treatment program. The behavior treatment program was designed by a psychologist to meet the needs of the particular child. Both Justin’s and Brandon’s behavior treatment program include the establishment of a behavior contract and a token economy. From the treatment program, target behaviors are identified and brought to the attention of the child. Then, rewards and consequences are implemented depending on the child’s performance, which is measured with a behavioral checklist. I have been working with both Justin and Brandon individually for approximately eleven months.

Although I am responsible for implementing rewards and consequences for their behavior, both children maintain a favorable regard for me. In order to express positive regard while implementing rewards and consequences, I approached the use of rewards and consequences with a focus on behavior rather than the whole person, and I appear to have fairly effectively expressed that consequences are a learning experience and not a means of punishment. I have explained to both boys that I accept them and respect them despite the use of rewards and consequences. Brandon is inclined to use profanity and disruptive behaviors during class in order to seek attention from peers. If I observe Brandon using these attention-seeking behaviors, he receives a “time-out,” in which he takes time to reflect on his behavior and learn from the experience. During this time, he fills out a worksheet, which asks, “what happened?” “Why was it a problem?” and “How can it be avoided in the future?” Although Brandon has expressed his dislike for having to take time-outs, he accepts responsibility for his behavior and rarely feels frustrated or angry towards me for implementing the time-out. Further discussion on the incongruence between the behavioral contingency model and the capacity to be empathic will be discussed below in the section on “Factors Impacting the Use of Empathy.”

By displaying warmth and acceptance, I have been able to establish good rapport with both Justin and Brandon over the past eleven months. Both Justin and Brandon seem to enjoy their time with me and they entrust me with a great deal of personal information. I have approached each relationship with an acceptance of and interest in learning the uniqueness of each of them as individuals. For instance, I have learned that Brandon’s impulsive qualities not only make him vulnerable to acting out, but they also encourage him to be wonderfully creative. When we have leisure time, or as a reward, Brandon and I often draw pictures and then explain what the pictures express. Brandon’s impulsiveness enables him to come up with truly unique pictures that are also well illustrated. His explanations of what his picture
symbolizes or expresses are usually insightful and thought provoking. By making an effort to take part in his interests such as drawing, I have been able to deepen our relationship. He has learned to trust me, because I have taken genuine interest in him as a person.

From working with Justin I have learned that he works with a tremendous amount of effort and energy to overcome the challenges that he faces. During our time spent in school, Justin works diligently in order to achieve his potential. His perseverance has been an inspiration for me and I have learned to appreciate his efforts a great deal. My respect for his efforts and perseverance has deepened our relationship, because I am able to value and accept him.

Although some treatment goals are similar for Justin and Brandon, there is considerable difference in the activities engaged in for achieving their goals. The activities are developed to meet the unique needs and interests of the child in order to encourage him to participate in his treatment more fully and to encourage a strong, trusting relationship with me. Play therapy has strengthened my relationship with both children, and has fostered their perception of me as a “fun adult.” When Brandon and I are drawing I often incorporate the treatment goal of impulse control by prompting him to think of certain behaviors of people in his pictures and the consequences of those behaviors. This activity provides Brandon with some insight into his own behavior, and it is an activity that he enjoys.

Procedure

The procedure consisted of implementing a conscious effort to respond with empathic understanding to both boys for a duration of three weeks. Therefore, both boys experienced ten months and one week in which empathy was not a focus of treatment and three weeks in which empathy was the primary mode of treatment. Over the course of the three weeks I spent thirty hours with each child. All of my sessions with Justin were in school and my sessions with Brandon took place in school and daycare. During this time I made an effort to observe the statements they made that referred to me, as well as the statements they made about our relationship. I also watched for changes in symptomatic behaviors. Both children were unaware of the exercise and, therefore, their responses to my use of empathy were not biased by this knowledge. In weighing the potential cost-benefit of disclosing the exercise to the clients it was decided that although my clients might feel honored to have been chosen as the focus of an exercise, disclosure of the exercise could possibly have the effect of being perceived as “an act,” thus diminishing the value of the work we had done. It was decided that it was in the best interest of the client to have the value of the empathy exercise not be diminished by disclosing the class assignment.

There seem to be two distinct stages in creating an empathic response, first of which is listening to the individual’s explicit and implicit message and second is responding in a way that expresses understanding. The first mode of empathy implemented in this procedure was that of active listening. Listening effectively requires the counselor to be attentive to the verbal and nonverbal messages of the
client and to encourage the client to further disclose information by taking a posture of listening and showing interest. While involved in listening empathetically the counselor must not be engaged in deep internal dialogue, but instead the counselor must be actively mindful of the individual’s many methods of communicating, such as tone of voice, facial expression, body posture, skin tone and verbal message. “To the degree that you are involved with internal dialogue, you stop listening” (Satir, 70).

The second mode of empathy that was implemented in this exercise was that of responding to either the individual’s explicit or implicit message in a way that allowed the individual to perceive me as understanding his experience. In order to articulate my understanding of the individual’s experience, I used acceptance responses, restatements, as well as primary and advanced empathy responses. These empathetic strategies were taken from Lewis E. Patterson’s (2000, p. 141) The counseling process.

Acceptance responses require the counselor to “simply acknowledge the client’s previous statement with a response such as “Yes” or “Uh-huh”, and a restatement is when “the counselor restates the client’s verbalization in both content and affect.” Furthermore, primary empathy was defined by when the counselor uses different language than the individual in order to express the client’s experience in a way that “verifies and clarifies the client’s meaning.” Therefore, the counselor’s primary empathy response is somewhat interchangeable with the statement of the individual. Finally, advanced empathy requires the counselor to attend to and respond to the individual’s implicit or intended message, “thereby evoking some new meanings” (Patterson, p. 140). These four methods of expressing empathy are arranged from “least leading to most leading,” inasmuch as acceptance does not evoke or add any new meaning to the individual’s statement and advanced empathy evokes or adds considerably to the individual’s statement. However, the advanced empathy response manages to remain within the individual’s frame of reference and does not exceed the individual’s readiness to understand the response.

Content

Although we have discussed many topics, the majority of my conversations with Justin revolve around social skills, facilitation and maintenance of attention, as well as anxiety and frustration due to schoolwork. Most of my empathic responses have attended to his anxiety and frustration because these seemed to be the most troubling feelings for him. During difficult tasks it is common for Justin to become overwhelmed and unable to express his emotions verbally. Consequently, Justin either daydreams to escape from the task and his feelings of being overwhelmed, or he becomes physically upset, by either shaking or crying.

Due to Justin’s verbal inexpressiveness, most of my empathic responses were primary or advanced empathy rather than acceptance or restatement responses. I often had to infer his experience from his nonverbal behavior. My primary or advanced responses were intended to provide Justin with insight into his emotional
state. If I observed Justin beginning to get upset because of schoolwork, I would say something like “This work is really hard and it is making you feel frustrated. If I were you I would feel upset also. What can I do to make this work easier for you?”

My responses to Brandon dealt with various content: Impulsive behaviors, negative self concept, feelings of depression, facilitation and maintenance of attention, as well as anger and frustration towards others who judged him harshly for his behaviors. Brandon’s capacity for expressive language allowed me to increase my level of empathic understanding about his experiences. I was able to utilize acceptance, restatement, primary empathy, and advanced empathy responses.

Results

Changes in Relationship or Symptoms

Over the course of three weeks I saw my relationship with both boys grow deeper and stronger. I observed increasing feedback that expressed positive emotions and acknowledgment of my empathic responses. During a handwriting lesson Justin became deeply distraught over his fine motor skills. He felt overwhelmed and embarrassed being unable to complete the task to his satisfaction. He began to cry and said, “I can’t do this.” I asked Justin to take a walk with me in order to get him out of the classroom. Once we had more privacy I said, “You feel really upset and frustrated about doing handwriting. It is really hard work for you. I thought cursive was really hard when I was your age.” We continued to talk for a while and during our conversation Justin responded with “You understand me better than (name of another T.S.S.). Let’s quit this work.” Justin’s feelings of frustration and embarrassment also began to diminish. Justin’s comment “Let’s quit this work” suggests that he perceived me as sharing in the experience of this difficult “work,” a shared experience that allowed him to feel less anxious.

Martin (2000) explains that the use of empathy is similar to the technique of shaping in operant conditioning inasmuch as empathic responding allows the individual to look at his thoughts, feelings and behavior without experiencing overwhelming fear or frustration. Martin states “By responding in an empathic and accepting way to that part of the message, you are rewarding experiencing behavior— in a sense, “shaping” toward more complete experiencing” (Martin, 2000, p. 56). The results of this exercise appear to support Martin’s proposition. When I shared in Justin’s experience of the difficult handwriting task, it was less scary and less anxiety provoking for him. Therefore, he was more comfortable in experiencing the difficult class assignment and accepting it as a challenge. Justin’s handwriting has continued to improve and he experiences minimal anxiety and frustration while engaged in this task.

Over the three-week period I received considerable feedback from both Justin and Brandon regarding my empathic responses. Their comments included: “You understand me,” “You are better than (name of other T.S.S.),” “You get it,”
and "Why can't (name of T.S.S) be more like you?" These comments were most often made directly following an empathic response. Being understood seemed to reduce both boys' feelings of anxiety allowing them to express themselves more fully.

My empathic responses led to more self expression and self disclosure in both boys. Over the three-week period Justin began to express his emotional states without being prompted by an empathic observation. For instance, while completing a task during math class Justin said, "I feel frustrated at this work." This type of statement began to increase at the same rate that I was expressing empathy towards him, as well as rewarding him for his ability to express himself. Brandon's deeper and more intimate self-disclosures were evidence of his deepening trust in me. Although I had always felt acceptance and positive regard for Brandon, I may not have been expressing this effectively until empathy was a focus in treatment. Prior to the exercise, Brandon tended to refer to anger and frustration before expressing hurt or sadness. He denied feelings of embarrassment, and tended to express anger towards others. Once I began to focus on expressing my understanding of his experience, Brandon began to acknowledge feeling hurt, sad and embarrassed in several areas of his life. Brandon also disclosed embarrassment related to his inability to control his tics, and feeling not being accepted by other children. He also began to express feeling hurt by his teachers' lack of understanding about his impulsive behavior. Regarding one teacher he said, "she doesn't get it! Sometimes it [a compulsion to act out some behavior] just gets stuck in my head and I feel like I have to do it. She makes me feel like I am bad." Before the intentional use of empathy Brandon would usually become angry with his teacher and he would exhibit more impulsive behavior. Although Brandon continues to exhibit impulsive behavior and to feel angry, he now also acknowledges his feelings of hurt and embarrassment.

Factors Impacting the Use of Empathy

During the three-week period in which empathy was a primary focus in treatment I noticed several variables that enhanced the empathy process, as well as variables that diminished my ability to listen and express empathy. These variables can be divided into counselor, client and external factors.

Perhaps the most influential variable positively impacting my use of empathy was listening without passing judgment. When I listened and responded without passing judgment, both clients spoke more freely. Conversely, asserting my values or beliefs in a way that condemned or judged detracted from empathy a great deal, making it less likely for me to be perceived as understanding, and trustworthy of my client's disclosures.

My personal goals and the goals of treatment also affected my expression of empathy. When personal or treatment goals were incongruent with the client's goals, we were both more likely to feel frustrated. While incongruent goals and related frustration detracted from my ability to respond empathetically, when our goals were congruent expressing empathy was easier, and the client's perception of me as
understanding was enhanced. In order to align these goals it is necessary to tailor my goals and the treatment goals to the goals of the client.

Acceptance responses, restatements, primary empathy and advanced empathy responses proved to be effective modes of expressing understanding to the client. Both Justin and Brandon were generally more accepting of empathic responses than interpretative responses, explanations, suggestions, or advice-giving. Interpretative responses were likely to be perceived as foreign or irrelevant, and explanations were similarly received. However, suggestions proved helpful, particularly when the client was lacking information about a particular participant. For instance, I provided Brandon with an “impulse-control model” within which we could create solutions to hypothetical situations relevant to him. When I offer a suggestion that Brandon has not thought of, he is usually accepting of the response. However, if a suggestion contains information already known to the client, it less likely to be of any help. Suggestions are also not accepted if they do not seem logical to the client.

Significant client factors effecting the use of empathy include receptive and expressive language abilities, talkativeness, social skills, and awareness of interpersonal dynamics, values, and attitudes. Justin’s lack of receptive and expressive language challenged my ability to express deeply what he was experiencing, and limited his ability to understand my empathic responses. A conscious effort to use simple words and clear syntactical structure was necessary for Justin’s comprehension of my articulated understanding. I often inferred what he was experiencing from his nonverbal behavior and from his environmental context. Concerning social skills, Justin in particular has difficulty maintaining eye contact and understanding facial expressions and body language. Therefore, the majority of my empathic response to him was contained in my verbal message. Prompting Justin to observe my facial expressions or body language did give him some insight into my expression of understanding.

Values and attitudes were particularly influential empathy-limiting variables observed in my work with Brandon. If Brandon was angry over getting in trouble, or if he was irritated with the frequency and intensity of his tics, he was less interested in talking and more likely to avoid people, including me. Brandon’s occasional lack of communication also made expressing empathy difficult for me; and it was therefore necessary for me to develop the capacity for understanding when he was not willing to talk. During these episodes I learned to actively wait for him to approach me with his concerns. My silent patience became my empathic response.

Two external variables that appeared to impact the use of empathy were 1) the use of behavioral rewards and consequences; and 2) privacy. Implementing behavioral rewards and consequences was clearly the most detracting variable to empathy. Despite my attempts to administer rewards and consequences with sensitivity, both Justin and Brandon perceived these actions as judgments upon them as persons; not merely as effects contingent on their behaviors. It was necessary for me to express my acceptance and respect for both Justin and Brandon along with the implementation of a reward or consequence. If I did not explicitly express my
acceptance and respect during the implementation of a reward or consequence, then they were less likely to perceive me as understanding.

Because the majority of my sessions with Justin and Brandon took place in school, other children as well as the teacher were present. Other people proved to be a significant distraction for both the client and myself. The presence of other people limited the willingness of the client to talk about personal information.

Consequently, I had to restrict my use of advanced empathy at times. When other people were not present, both Justin and Brandon were more willing to disclose personal information and were more receptive of my empathic responses.

**Discussion**

The results of this study confirm that listening empathetically and articulating empathy contributed to the strength and depth of the relationship between myself and both boys. The use of empathy allowed Justin and Brandon to trust me more fully, which permitted them to disclose more personal information. Moreover, being acutely aware of my use of empathy facilitated increased awareness of my positive regard for both Justin and Brandon. My sensitivity towards how I regarded Justin and Brandon was communicated through my use of empathy.

Regarding the impact of empathy on symptoms, it is seen that the use of empathy encouraged Justin’s emotional expressive language development; apparently by helping him to formulate his feelings. Over three weeks Justin’s feelings were expressed more frequently and more articulately. He began to initiate statements such as “I am frustrated at this work,” without prompting. Advanced empathic responses also enabled Brandon to more fully comprehend and communicate his emotional experiences. He moved from anger and frustration to a range of emotions that included hurt, sadness and embarrassment; and he began to disclose more personal information.

Empathy also served to diminish overwhelming anxiety, a finding consistent with previous work done on empathy. For instance, Rogers states that “It is only as I understand the feelings and thoughts which seem so horrible to you... it is only as I see them as you see them, and accept them and you, that you feel really free to explore all the hidden nooks and frightening crannies of you inner and often times buried experience” (Rogers, 19 , p. 34). Both Justin and Brandon exhibited noticeable reductions in anxiety over the course of the empathy exercise.

Due to an insufficient sample size and lack of randomization and a control group, generalizing results have limitations. However, this study highlighted for me the importance of empathy in relationships of any kind. It provided me with a better understanding of how to listen, and it improved my ability to articulate empathy. My experience suggests that future research might study more closely the relationship between behavioral techniques (e.g., rewards and consequences) and the use of empathic positive regard. The present report indicates that behavioral techniques perceived as passing judgment have the potential to negatively impact empathy and
positive regard, but that certain specific conditions (viz., deliberately stating that the
client is indeed respected) may serve to moderate this effect. Justin and Brandon
seemed to understand that I was understanding and accepting of them despite my
administering the treatment plan required of my job.
Appendix A

Optional Empathy Exercise Report Outline

This optional report format for the empathy exercise may be followed, modified, or disregarded to suit your needs to complete the requirement.

I. How my unique relationship with the two participants differentially effected the empathy.
   A. Length of the relationships
   B. Past experiences with the persons
   C. Nature of the relationships
      1. needs
      2. roles
      3. expectations
      4. other
   A. Other

I. The impact (successes and failures) of my personal attitudes (thoughts, feelings, and behaviors) on my capacity to exhibit empathy with the two participants.
   A. my self disclosures
   B. personal values and beliefs
   C. my goals
   D. restatements
   E. reflective remarks
   F. clarifying questions
   G. interpretations
   H. suggestions/advice-giving
   I. explanations
   J. other

I. External Factors Influencing Empathy
   A. locations of contacts
   B. duration of contacts
   C. presence of other outside variables
   D. privacy
   E. other

I. The impact of participant variables on empathy.
   A. age
   B. gender
   C. degree of awareness of “experiment”
   D. talkativeness
   E. responsiveness to empathic listening
   F. values and attitudes
   G. topic of discussion presented
   H. other

I. Overview
   A. benefits of and positive consequences of being empathic
      1. to you
      2. to the participants
   A. limitations of and negative consequences of being empathic
      1. to you
      2. to the participants
   A. variables interfering with capacity to be empathic
      1. within you
      2. outside of you
   A. variables most facilitating your capacity to be empathic
      1. within you
      2. outside of you
Appendix B

Empathy Exercise Quantitative Survey

December 4, 2000

*Use the following scale to answer a, b, and c for item 1 and 2*

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1. Specify First Participant Role Relationship (parent, friend, client, student, sibling, child, spouse, family member (not parent, child, spouse, or partner), partner, co-worker)
   
   a. to what extent did the empathy exercise help or improve your relationship with this person.
   
   b. to what extent did the empathy exercise help the person.
   
   c. c. to what extent did the empathy exercise increase your understanding of and ability to be empathetic.

1. Specify Second Participant Role Relationship (parent, friend, client, student, sibling, child, spouse, family member (not parent, child, spouse, or partner), partner, co-worker)
   
   a. to what extent did the empathy exercise help or improve your relationship with this person.
   
   b. to what extent did the empathy exercise help the person.
   
   c. c. to what extent did the empathy exercise increase your understanding of and ability to be empathetic.

3. Identify perhaps the most important contributing variable to your ability to show empathy to your exercise participants.

4. Identify what you consider to be perhaps the most important or significant limiting variable in your capacity to be empathetic.
REFERENCES


Policy Statement

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