EXPRESSED EMPATHY

Lynne ANGUS & Helen MACAULAY, 108C Behavioural Sciences Bldg, Psychology, York University, Toronto, Canada; ph + 416 736 2100 33615

Definition: Actively listening to, emotionally resonating with, and understanding, another’s experience followed by accurately communicating this understanding to the other.

Elements: Expressed empathy starts with the therapist sensing his/her own inner experience of a client’s disclosure during therapy e.g. “as she told me of her husband’s tirade at the restaurant, I felt deep sadness, almost despair, about her marriage”. The therapist then tries to highlight and put into words the most poignant and implicit aspects of a client’s experience on a moment-to-moment basis, for further exploration and new meaning construction. A highly-attuned therapist focuses clients’ attention on experience just outside their awareness and thus offers meaning that disentangles, clarifies, and allows clients to explore further: “so as you sat in the restaurant, inundated by this torrent of criticism and complaint, it seemed as if you were drowning in despair, that this would simply never ever be different?”. The therapist phrases empathic communications tentatively, leaving the door open for clients to co-construct new meanings and say if the therapist’s empathic response fits their own experience of an event. Empathic explorations can be reflections, or open-ended or direct questions, to help the client expand on and differentiate their current experience. A therapist’s attentive, concerned facial expression, forward lean, direct eye contact, and sensitive enquiring and tentative tone can all help convey empathic understanding to the client. Finally, clients show perception of the therapist’s empathic response “yeah, that’s it, I wasn’t angry, I felt sad and hopeless, that our marriage is really over”.

Related procedures: Countertransference, use of; empathy dots, use of; meaning making; metaphor, use of; validation of feelings

Applications: Widely used in individual- and group-therapy across theoretical orientations to promote a working alliance and help clients understand their assumptions and process and regulate emotion.

1st use? Rogers CR (1957)

References:
Case Illustration (Angus & Macaulay, unpublished)

Margaret sought therapy in her mid-thirties for profound loneliness and depression after the unexpected break-up of a romantic relationship a year earlier. In session 3 Margaret reflected: ‘I can (get along alone) for a while but then think “why am I doing this”? I have no problem being with myself when I know there’s somebody out there, but when I’m by myself and really feel that there’s nobody out there that after a while it starts to get to me.’ Therapist: ‘Let me see if I understand - I’m not sure if I misheard. You don’t have a problem being alone if you know someone’s out there’. Margaret’s answer ‘Yeah, if you know’ signalled that her therapist had grasped an important aspect of her experience of loneliness which he elaborated by saying: “So then it’s alright to be alone.’

Margaret’s and the therapist’s sharing of a clear understanding of her loneliness set the stage for her discovery of what was most painful about being on her own now. Margaret: ‘Yeah, because you always know you’ve got someone there to talk to or want to visit or’ (T: ‘Yeah’) ‘it’s when you feel there’s nobody out there and you’re alone then there’s a difference between being alone and feeling lonely’ (T: ‘Sure’) ‘you know that’s when you start feeling lonely - you think, oh geez.’ Resonating to the core of Margaret’s disclosure, her therapist responded empathically: ‘So is it that your deepest fear is of being really all totally alone’ (M: ‘Hm-mm’) ‘meaning “there’s not even someone I can think of” (M: ‘Right’) “out there whom I could contact” and then it’s this terrible loneliness?” This empathic response helped Margaret to acknowledge ‘Yeah, that’s exactly how it felt without anyone and how I felt last year, like I’d been totally abandoned’ (T: ‘Yes’) ‘and that my life was going down the gutter and no one was reaching out to help and I was amazed’ that set the stage for a sustained and productive focus on her relational needs in ensuing therapy sessions.