

Empathy: An Integral Model in the Counseling Process

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Expanding on a framework introduced by Carl Rogers, an integral model of empathy in counseling uses empathic understanding through 3 ways of knowing: Subjective empathy enables a counselor to momentarily experience what it is like to be a client, interpersonal empathy relates to understanding a client's phenomenological experiencing, and objective empathy uses reputable knowledge sources outside of a client's frame of reference. Across the counseling process, empathy is integral to treatment strategies and interventions.

In 1957, Carl Rogers published a classic and provocative article that identified empathy as an essential variable for engendering constructive personality change in the therapeutic process. Empathy, in addition to congruence and unconditional positive regard, has achieved a consensus standing in the professional literature as a core condition in facilitating the treatment relationship in counseling and psychotherapy (Feller & Cottone, 2003; Lambert & Barley, 2002). Although empathy and empathic understanding have been recognized for fostering open communication and trust since early in the 20th century, Rogers and his colleagues brought prominence to the quality of the relationship as a critical factor in successful treatment outcome (Barrett-Lennard, 2003; Duan & Hill, 1996; Wispé, 1987). In a supportive emotional climate, clients frequently experience both a sense of being deeply understood and a diminishment of psychological threat (Clark, 1998; Myers, 2000). With an enhancement of empathic understanding, clients generally increase their level of therapy satisfaction, likelihood of compliance, and involvement in the treatment process (Bohart, Elliot, Greenberg, & Watson, 2002). Over a period of decades, Rogers's definitions and descriptions of empathy continued to evolve while he popularized its therapeutic function in a number of publications (Raskin, 2001).

Although Rogers's comprehensive work on empathy has achieved wide acclaim in counseling, a particular book chapter (see Rogers, 1964), in a volume on behaviorism and phenomenology, is seldom mentioned in the research relating to empathy in a therapeutic context. In an illuminating discussion, Rogers (1964) conceptualized the capacity of individuals to experience empathy from three ways of knowing: *subjective*, *interpersonal*, and *objective*. From a subjective perspective, a person channels empathy in the context of his or her own frame of reference and empathically reacts to personal experiences that occur in everyday life. Related to a subjective modality, Rogers (1964) cited common examples, such as a reaction to unfamiliar food, evaluating one's feelings toward another individual, and experiencing a range of emotions. However, it is important to note that, at this point in his thinking, Rogers did not suggest applications of a subjective way of knowing

to the treatment relationship. From an interpersonal perspective, Rogers (1964) emphasized the therapeutic value of a practitioner's accurate perception of the internal frame of reference of a client and communicating this understanding to the person. Seeking to grasp the phenomenological experiencing of a client is a prominent and recurring theme throughout his writings (Rogers, 1951, 1957, 1961, 1964, 1975, 1980, 1986). Maintaining a nonjudgmental attitude, a counselor endeavors to restrain his or her potentially biased perspectives while attuning to the private meanings of a client.

With respect to an objective way of knowing, Rogers (1964) recognized that it is possible to direct a person's empathic understanding toward the reactions of trusted reference groups who represent an external frame of reference. A consensus of observations by qualified and competent individuals, usually one's colleagues, forms a basis for collective understanding. As an example of an objective mode of knowing, Rogers (1964) observed that the equation for the speed of light has been precisely determined using similar operations by prominent physicists. Rogers (1964) also cited behavioral rating scales and empirical tests as other means of objective knowing that involve externally observable behavior. As with his views of a subjective avenue of knowing, Rogers did not specify or endorse counseling applications relating to the objective modality and was consistent in his belief in the importance of minimizing the influence of subjective and objective knowledge channels in direct interactions with a client. In sum, Rogers (1964) empathically focused on the perceptual field of a client largely through an interpersonal way of knowing.

In a contrasting point of view, I believe that it is possible to therapeutically direct subjective and objective empathic modalities toward a client in the counseling experience. Thus, in addition to an interpersonal way of knowing, other identifiable knowledge channels are integral to empathy and empathic understanding in a treatment context. The purpose of this article is to introduce a multiple-perspective model of empathy and discuss implications of the conceptualization in the counseling process.

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■ An Integral Model of Empathy

After reflecting at length on Rogers's (1964) threefold ways of knowing, I realized that it is possible to expand on his perspectives of empathy and conceptualize a new empathy structure that is integral to the counseling process (Clark, 2002, 2004, 2007, 2009, 2010). In contrast with Rogers's (1964) view that empathy and empathic understanding primarily relate to an interpersonal modality, I am convinced that empathy may be therapeutically directed toward a client through each of the three knowledge channels. In a broadening of Rogers's (1964) original framework, the scope of empathy can surely extend beyond the immediate frame of reference of a client. From a conceptual stance, *subjective*, *interpersonal*, and *objective* modalities constitute an integral model for using empathy in counseling. Subjective empathy enables a counselor to momentarily identify with a client through intuitive reactions and fleetingly imagine and experience what it is like to be a client. Using interpersonal empathy, the counselor attempts to grasp the phenomenological experiencing of a client from an immediate or extended perspective. Objective empathy features a counselor's use of theoretically informed observational data and reputable sources in the service of understanding a client.

A basic assumption in extending Rogers's (1964) empathy framework is that multiple and complementary modes of knowledge can contribute to a more comprehensive and accurate understanding of a client. Many counselors tend to view interpersonal empathy as the primary focus of empathic understanding, and subjective and objective empathy represent ways of knowing that conceptually may be less familiar to practitioners. At the same time, there are potential biases and cautions in using an integral framework of empathy, and a counselor needs to be aware of these concerns. In the following section, I introduce an integral model of empathy in the treatment process relating to subjective, interpersonal, and objective empathy. Within the integral model, subjective empathy is closest to a counselor's immediate experience in interactions with a client; therefore, this modality is addressed first.

Subjective Empathy

As a reciprocal process, subjective empathy relates to a counselor's awareness of his or her sensibilities and internal reactions in response to the experiencing of a client. Through a form of personal knowing, a counselor vicariously experiences, for a momentary period of time, what it is like to be the client. When attempting to empathically understand a client, the counselor fleetingly engages in processes involving *identification*, *imagination*, *intuition*, and *felt-level experiencing*. In a sense, a counselor's self becomes a tool for empathic understanding and forming hypotheses in an immediate counseling context. In many instances, counselors may already use the processes but may not be explicitly aware of their relationship to empathy. Although there are variations in the sequence and intensity of the empathic interactions, it is

possible to describe each function in relatively discrete ways. Through identification, a counselor engages in a partial and transitory assumption of a client's experiencing as if it were his or her own. The imagination capacity of a counselor has the potential to briefly evoke images and emotional reactions that may be similar to a client's experiencing. In a third empathic interaction, using his or her intuition enables a counselor to rapidly generate impressions and hunches relating to a client's functioning. Finally, felt-level experiencing refers to a counselor's sensitivity to somatic or physical reactions that arise when empathically listening to a client.

Identification. When a counselor empathizes with a client, there is often a kinship with the person because of a perceived similarity of experiences (Stewart, 1956). Emotional intensities and environmental conditions may vary qualitatively, but there is sufficient commonality of experiencing to evoke a level of identification. The counselor's identification and engagement with a client may last for only a moment (Katz, 1963). In a less favorable situation, a counselor may find it difficult to identify with a client because of a paucity of common life experiences and perceptions (Shapiro, 1974). The cultural backgrounds of the client and counselor may also be dissimilar to the point where the practitioner encounters limitations and constraints in the identification process. At these times, a counselor is in a position to engage other facets of subjective empathy or call on other knowledge channels to gain an understanding of the client from a broader cultural perspective. In other instances, a counselor may not readily shift out of a state of identification with a client, and psychological boundaries begin to merge through an excessive emotional involvement (Teich, 1992). Over a period of time, treatment progress may reach an impasse unless the counselor gains an awareness of modes of knowledge that provide more expansive and possibly more balanced perspectives.

Imagination. Through the process of identification with a client, it is possible for a counselor to engage his or her imagination in a quest to infer what it is like to be the person for a fleeting period of time (Watson, Goldman, & Vanaerschot, 1998). Accordingly, a counselor assumes a creative and exploratory posture to stimulate emotionally toned mental images of the individual (Agosta, 1984; Margulies, 1989; Poland, 2007). As an example, a school counselor visualizes events as a 15-year-old student plaintively recounts spending weekend evenings in the company of her mother, while desperately wishing that the telephone would ring in order to avoid the prospect of another night without the companionship of a friend. In such instances, counselors are typically able to recall times when they felt rejected or overlooked, and these experiences facilitate imaginary associations. Although the capacity of a counselor to engage in imaginable activity has received only a minimal degree of attention in the counseling literature (Margulies, 1989), the function has a potential to broaden an empathic understanding of clients in situations or conditions that counselors may personally perceive as culturally distant.

It is likely, for instance, that most counselors must call on their imagination to grasp client experiences involving long-term physical neglect or lengthy periods of impoverishment. In other contexts, a client's physical state may seem corporally foreign, and the counselor can only imagine the pain that is incurred when one is morbidly obese, chronically disabled, or experiencing a life-threatening illness.

Intuition. Another subjective process that potentially contributes to empathically understanding a client involves and is dependent on a counselor's intuitive faculty. In contrast with a more conscious and deliberate use of reasoning, intuition relates to a counselor's sensitivity to immediate responses and hunches that come to mind in interactions with a client (Eisengart & Faiver, 1996; Petitmengin-Peugeot, 1999). Consequently, a counselor's intuitive judgment relies on rapidly formulating hypotheses about a client and generating tentative means of apprehension. As the counselor experiences tacit images and flashes of insight, overall patterns of a client's functioning begin to emerge (Bohart, 1999; Eisengart & Faiver, 1996; Rea, 2001). From an instrumental perspective in counseling, intuitive knowing has the potential to inform therapeutic interventions and facilitate strategic decisions (Hankammer, Snyder, & Hankammer, 2006). In a specific example, during an initial counseling session with a client, a counselor intuitively senses that the individual may possibly be suicidal. After consideration of other knowledge sources, in addition to intuition, the counselor initiates a comprehensive psychological evaluation. More important, it is also necessary for a counselor to recognize that intuition entails tacit "gut reactions," and these are inevitably susceptible to practitioner distortion and biases. In this regard, a counselor may attempt to balance intuitive judgments and perceptions of a client with more examined processes. Finally, although intuition may be perceived as a somewhat mystical operation, it is a common means for persons to ascertain understandings in everyday life (Gladwell, 2005; Goodyear, 1979).

Felt-level experiencing. When interacting with a client, a counselor may resonate with visceral sensations for a fleeting period of time. In these instances, a counselor reacts, in a bodily felt way, to evocative expressions of a client (Fernald, 2000; Vanaerschot, 1997). Gendlin (1962, 1978, 1998) recognized that, in counseling, a client continually experiences physical or somatic responses and a flow of emotions and meanings. This felt-level experiencing also occurs with a counselor as he or she empathically responds to a client. In these instances, a counselor may experience corporeal reactions, such as a tightness in the throat or chest, which enables him or her to build hypotheses relating to a similarity in the client's realm of experiencing (Cooper, 2001). Felt-level experiencing is grounded in the assumption that the counselor, in an embodied way, receptively attunes to his or her own somatic and emotional functioning. Drawing from the potential of a sensing body, the counselor vicariously experiences, for a momentary period of time, what it is like to be the client. An

example is, while empathically listening to a client who has been diagnosed with an eating disorder, the counselor periodically experiences sensibilities of fullness in her stomach and slight gagging reactions. These momentary reflexive actions of the counselor usually occur when the client recounts episodes of bingeing and purging, and they are often accompanied with visual images of the individual enacting the behaviors.

Interpersonal Empathy

Through a relational process in the integral model, a counselor strives to empathically understand the phenomenological experiencing of a client and demonstrate a sensitive attunement to the perceptual field of the individual. As a way of knowing, interpersonal empathy involves perceiving a client's internal frame of reference and conveying a sense of the private meanings to the person (Haugh & Merry, 2001; Rogers, 1975). Through the counseling process, it is possible for a counselor to empathically understand a client on an immediate here-and-now basis and also develop a general sense of how the client experiences life from an extended empathic perspective (Goldberg, 1999). For example, a young adult client is angry about being passed over for a promotion, and he expresses, in counseling, a determination to abruptly quit his job. The counselor empathically processes the client's resentful feelings and his desire to leave a place that he perceives has hurt him. Simultaneously, the counselor hypothesizes that the client maintains an ingrained conviction that people in general treat him unfairly. Through an interpersonal exchange, over several treatment sessions, this perception becomes recognizable to the client with respect to his outlook on life and the injustice of it all. As a consequence, processing the client's immediate and extended perspectives contributes to a deeper and more comprehensive level of empathic understanding. Finally, interpersonal empathy is subject to biases and distortions inherent in the perspectives of a client or in inaccuracies relating to the observations of significant others familiar with the individual that may be shared with a counselor (Rogers, 1975).

In a relational field, it is necessary for a counselor to empathically respond in order to demonstrate an understanding of the explicit and implicit messages of a client (Barrett-Lennard, 2003; Redfern, Dancey, & Dryden, 1993; Schmid, 2001). To this end, for more than 40 years, there has been a focus on developing the communication skills of counselors in many educational programs. Rogers (1975) was disdainful of early training efforts because he thought that there was too much emphasis given to technique-oriented interactions. This instrumental activity, in Rogers's (1975) view, was in opposition to a practitioner attitudinal stance that values the integrity and personhood of the client. Late in his life, Rogers (1986) further repudiated training procedures that depicted reflection as a rigid and wooden exchange while equating the technique with empathy. At the same time, it is likely that Rogers would have agreed that it is necessary to attempt to develop a broad

range of counselor interventions that integrate empathic understanding. Empathy can remain an abstract phenomenon only at the interpersonal level unless it is somehow operationalized. In this regard, it is possible to significantly expand the function of empathy beyond the technique of reflection in the counseling process. For example, after a counselor confronts a client because of inconsistencies in his or her behavior, the counselor empathizes with the individual with respect to what it is like to be challenged.

Objective Empathy

From a referential perspective of the integral model, it is advantageous for a counselor to use theoretically informed resources to enhance an empathic understanding of a client. Objective empathy relies on a consensus of judgments from reputable reference groups composed of individuals external to a client's frame of reference (Clark, 2004, 2007). Accordingly, a counselor uses conceptual material and formalized observations that offer a potential for informing and enriching a way of knowing a client. Examples of referential data are multicultural research findings, normative self-report inventories, and diagnostic classification manuals. As nomothetic and externally situated information, the material potentially contributes to an idiographic understanding of a client (Aiken, 2003). Specifically, a familiarity with a nomothetic or a general way that persons experience cultural forces enables a counselor to assess how an individual client responds to influences within his or her particular culture (Ivey, D'Andrea, Ivey, & Simek-Morgan, 2007; Sciarra, 1999). Norm-based, self-report inventories permit a comparative evaluation of a single client through a range of standardized procedures. As a classification instrument for evaluating psychological functioning, the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; *DSM-IV-TR*; American Psychiatric Association [APA], 2000) represents the consensual opinion of authorities in the field. Another publication, the *Psychodynamic Diagnostic Manual* (PDM Task Force, 2006), details the collaborative project of task force members from five major psychoanalytic organizations. The manual describes a broad range of mental functioning in infants, children, adolescents, and adults. Although the use of theoretically informed data is a common practice in counseling, the relationship of the resource material to empathy is likely to be unfamiliar to most counselors.

Referential sources of information may be integrated with subjective and interpersonal knowledge avenues to enhance an empathic understanding of a client. With respect to self-report inventories, for example, what is it like for a client to live when his or her responses to normed-referenced inventory items reflect high scores on depression and substance abuse? In terms of cultural experience, what is it like to live in a place where a person's behavior is perceived as markedly different from that of the majority culture? Regarding the *DSM-IV-TR* (APA, 2000), how does an individual experience life when he or she meets the specific diagnostic criteria for a schizophrenia disorder or those for an obsessive-compulsive disorder?

When counselors encounter such questions, their use of objective empathy involves integrating referential information with other ways of knowing that are more experientially grounded. In this regard, Kohut (1977, 1982) referenced a counselor's capacity to blend *experience-near* and *experience-distant* perceptions of a client to effect a deeper level of empathy. In an experience-near stance, the counselor attempts to empathically grasp the functioning of a client through a close emotional relationship. This observational material may be processed through the counselor's experience-distant mode, which represents his or her theoretical knowledge and informed perspectives. Finally, there is a potential for error and biases relating to objective data, when such materials arbitrarily categorize or stereotype clients, regardless of the best practices of peer review and peer acceptance from the literature (Duffy, Gillig, Tureen, & Ybarra, 2002). In interactions with a client, it is possible for the counselor to pursue a human engagement with the person by calling on the full breadth of empathic understanding through multiple ways of knowing (Hansen, 2000).

Counseling Implications of an Integral Model of Empathy

The counseling utility of a multiple-perspective model of empathy largely depends on the quality of a counselor's strategic and technical applications of the ways of knowing. From a strategic standpoint, it is appropriate for a counselor to use subjective, interpersonal, and objective empathy on an individual basis or through a combination of the modalities. Most often, a counselor is able to develop hypotheses about a client by integrating data from multiple perspectives. An awareness of the potentialities and constraints of distinct knowledge channels enables a practitioner to use the modalities more effectively. From a technical stance, a counselor may integrate empathic understanding as a component of a broad range of counseling interventions. As an instrumental activity of a counselor, empathy has a potential to inform the judicious use of therapeutic techniques across the counseling process.

Strategic Applications in Counseling

Although there are variations in the importance that contemporary theoretical orientations attribute to empathy, most theories of counseling and psychotherapy acknowledge the therapeutic value of empathically understanding a client. A multiple-perspective model has the potential to enrich and deepen the empathic process, and integral empathy may effect conciliation between theoretical positions that appear incompatible. In a counseling context, the consciousness of a counselor oscillates between the three ways of knowing relating to empathy, and these states have a capacity to serve a purposeful function. There are therapeutic limitations inherent in each knowledge channel, and a comprehensive definition of empathy should include a counselor's attunement to a client's experiencing from both immediate and extended perspectives.

Inclusiveness. It is possible to identify empathy as a salient construct, with varying degrees of qualitative emphasis, across most treatment orientations. In a review of current theories of counseling and psychotherapy, I was able to identify 13 modalities that provide a relative focus to empathy and empathic understanding (Clark, 2007). Although empathy is widely recognized by numerous treatment approaches, the attention given to empathic understanding in the professional literature differs considerably among the various traditions (Cochran & Cochran, 2006; Gilbert, 2007; Hartley, 1995; Nystul, 2011; Watson, 2002). With respect to particular therapies, empathy holds a significant position in person-centered therapy and self psychology. Rogers and the person-centered approach have been pivotal in identifying empathy as a core condition and critical factor in the counseling relationship (Kirschenbaum, 2004). The self psychology framework of Heinz Kohut expanded the treatment function of empathy in terms of a data-gathering activity with the potential to inform curative treatment interventions (Kohut, 1977, 1982; Tobin, 1991). Other traditions, such as individual psychology, existential therapy, cognitive and cognitive behavior therapy, and psychoanalytic therapy, reference empathy as a prominent construct in their respective literatures. In particular, psychoanalytic treatment has a lengthy, albeit variable, history among the writings of scholars in the field (Ornstein, 1979). Numerous other contemporary approaches mention empathy as a recognizable factor in their counseling models.

Enrichment. Integrating perspectives from multiple ways of knowing potentially contributes to an empathic understanding of a client that is more accurate and comprehensive. Drawing together converging lines of synthesis in an orderly way may also reduce the possibility of biases and distortions that tend to occur when a counselor relies on a single knowledge channel (Eagle & Wolitzky, 1997). Rogers (1964) recognized the importance of deliberately interweaving the three ways of knowing in order to form evolving hypotheses that may be confirmed or disconfirmed. An integration of perspectives involves a hermeneutic method by repeatedly attempting to empathically understand a client from different trajectories (Keil, 1997; Packer, 1985). Hermeneutic activity also provides a cross-check or corrective procedure for deepening awareness and appreciation of a client's functioning in a broader context (Edwards, Dattilio, & Bromley, 2004). As an example, it is possible for a counselor to develop a hypothetical model of a client that becomes progressively more refined and accurate by making numerous and varied attempts to empathically understand the person (Greenson, 1967; Pepinsky & Pepinsky, 1954). Over a period of time, a coherent and holistic client model begins to emerge that serves to organize what is known about the individual in terms of his or her experiencing and potentialities (Berger, 1987; Levy, 1985).

Conciliation. An awareness of a multiple-perspective model enables a counselor to integrate theoretical conceptions in counseling that may initially seem incompatible with experientially

grounded findings or observations. By recognizing differences in how theory-based materials traverse the ways of knowing, a counselor may be more receptive to the use of potential tools for empathically understanding a client. For example, the tradition of individual psychology emphasizes understanding the uniqueness and indivisibility of a client (Adler, 1927; Oberst & Stewart, 2003). Toward this end, a counselor typically calls on experiential and phenomenological knowledge channels to grasp a sense of a client's functioning. At the same time, within the Adlerian literature, constructs such as the tasks of life and safeguarding tendencies represent an objective way of knowing that may be applied on a subjective basis to particular individuals (Oberst & Stewart, 2003). Attempting to empathically understand a client from different modalities, and appreciating these differences, allows for the possibility of reconciling conceptually varying perspectives. In another example, numerous counselors may be adverse to the use of diagnostic systems, such as the *DSM-IV-TR* (APA, 2000), because of its emphasis on classifying and labeling clients. Assuming that the *DSM-IV-TR* framework has a potential to objectify a client, a counselor is able to reconcile his or her use of the text by integrating perspectives from other ways of knowing that represent more developmental and contextual perspectives (Ivey & Ivey, 1998; Lopez et al., 2006). In this way, each modality can make a legitimate contribution to empathically understanding a client through theoretically different knowledge bases.

Consciousness. Although a counselor may have a preference for engaging a specific knowledge channel in counseling, it is inevitable that he or she will spontaneously experience shifts in the modalities (Clark, 2007). Typically, there is a vacillation among the ways of knowing that emerge into a counselor's consciousness in a therapeutic context. For example, in an initial counseling session, as a client in middle adulthood expresses feelings of anxiety, the counselor empathically resonates with a slight tension in her own face and chest. Almost simultaneously, the counselor observes the client's fixed body posture and trembling hands. Within seconds, in a less than empathic response, the counselor has a tangential thought about her daughter's recent breakup of a long-term relationship. Each of these impressionistic reactions comes into the counselor's awareness from a particular knowledge avenue, and even thoughts that seem intrusive may yield important understandings for treatment consideration. In particular, countertransference material may surface that represents conflictive issues of a counselor that have a potential to hinder an empathic understanding of a client (Rosenberger & Hayes, 2002). In another example from psychoanalytic theory, Sullivan (1953) observed that a practitioner's experiencing may shift between subjective and objective capacities in a participant observer role. Sullivan recognized the therapeutic utility of empathically responding to a client may traverse from an emotionally engaged position to a more reflective stance and vice versa. Finally, in recent research in neuroscience (Decety & Jackson, 2006; Gallese, 2001), with implications

for empathy, mirror neurons activate when a person observes an individual perform an action, and there is a concurrent stimulation of corresponding neural circuits as if the observer were executing the action.

Constraints. There are inherent limitations for empathically understanding a client when a counselor inflexibly or exclusively uses a particular modality (Clark, 2007; Rogers, 1964). In this regard, Rogers (1964) was critical of some current existentialist thinkers for largely rejecting an objective way of knowing and accused behaviorists of placing too much emphasis on the objective mode and being scornful of other modalities. The person-centered approach of Rogers has also been criticized for overemphasizing the interpersonal channel of knowing by primarily focusing on the internal frame of reference of a client (Bozarth, 1998). Yet Rogers certainly did express his personal views and emotional reactions in counseling, especially in a later period of his life through the form of feedback in groups (see Barrett-Lennard, 2003; Kirschenbaum, 2004).

Definition. A basic assumption when using multiple ways of knowing in counseling is that a definition of empathy involves understanding the emotional meanings of a client from a broad perspective. In keeping with current terminology in counseling (Ivey, Ivey, & Zalaquett, 2010), a comprehensive definition of empathy also conveys the essence of Rogers's (1957, 1959) classic formulations. With these assumptions in mind, the following definition of empathy would seem to have a counseling use: "attunement with the feelings and meanings of an individual's experience from an immediate or extended perspective" (Clark, 2007, p. 162).

Technical Applications in Counseling

Beyond strategic applications, a counselor may use empathy as an integral component of various interventions throughout the counseling process. Concurrently, an empathic implementation of counseling techniques has an effect of advancing the quality of the counseling relationship (Kelly, 1997; Trusty, Ng, & Watts, 2005). As a counselor acquires an empathic understanding of a client, this awareness may contribute to effectively formulating and executing a range of therapeutic interventions. In this respect, empathy may serve as a higher order frame of reference with the potential to guide and inform the instrumental activity of the counselor. Accordingly, across each of the multiple stages of counseling, it is possible to identify specific treatment techniques that allow for a key role of empathy (Clark, 2007).

The relationship of empathy to particular counselor interventions in the counseling process may be understood with respect to a client's frame of reference. In this regard, Welfel and Patterson (2005) referred to a "continuum of lead" (p. 174) that differs in terms of a client's awareness and frame of reference. The continuum provides a useful framework for comparing the therapeutic impact of different counselor techniques. The extent of a counselor's lead typically increases through the counseling

process as the quality of the therapeutic relationship develops and there is a deepening understanding of a client. Particular counselor interventions at one end of the continuum, such as silence and reflection, are minimally leading and are close to perspectives aligned with a client's frame of reference. When a counselor demonstrates empathic understanding in these instances, empathy serves to affirm a client's experiencing. In contrast, other interventions at the other end of the continuum, such as confrontation and interpretation, may largely be outside of a client's awareness, and empathy provides a means to acknowledge a client's experiencing of new perspectives. In a counseling example, in response to an adolescent's expression of anger toward her sister, a counselor uses the technique of reflection to affirm the extent of the client's feelings within her frame of reference. In a contrasting intervention, at a later point in counseling, the counselor uses a confrontation to identify contradictions in the client's behavior that are less familiar to the individual in terms of her awareness. In this instance, however, the client rejects the counselor's observations, and therefore it is necessary for the counselor to empathically process with the client what it is like for her to feel misunderstood.

Of the various counseling techniques, reflection is most intrinsic to a counselor's expression of empathy, and, as a result, reflection has incorrectly been equated with empathy. Within a three-stage model of counseling, various interventions in addition to reflection enable a counselor to therapeutically use empathy (Clark, 2004, 2007). Assessment, counselor self-disclosure, questions, and the use of touch are selected interventions with the potential to integrate empathy into their functions in early periods of counseling. In more challenging phases of the counseling process, when the treatment focus emphasizes exploring therapeutic material beyond the client's frame of reference, other techniques can contribute to empathically understanding a client (Pearson, 1999; Ridley, Ethington, & Heppner, 2008). In particular, confrontation, cognitive restructuring, reframing, and interpretation are representative of counseling interventions with a potential to stimulate new client perspectives in an empathic context. Finally, for counselors working with groups, empathy has a prominent function in enhancing the treatment quality of various interventions and for improving empathic communication among group members (Clark, 2007; Scheidlinger, 1966; Stone & Whitman, 1980).

Summary

In an extension of Rogers's (1964) conceptualization, a multiple-perspective model of empathy relates to a counselor's use of three ways of knowing in counseling. An awareness of an integral model of empathy, including its strengths and limitations, enables a counselor to empathically understand a client from subjective, interpersonal, and objective knowledge channels. Integral empathy contributes to developing a therapeutic relationship, understanding a client, and informing treatment strategies and interventions. With

a focus on empathically understanding a client over the course of the counseling process, it is possible to view empathy from a broader perspective as a common ground among counselors.

References

- Adler, A. (1927). *Understanding human nature* (W. B. Wolfe, Trans.). New York, NY: Greenberg.
- Agosta, L. (1984). Empathy and intersubjectivity. In J. Lichtenberg, M. Bornstein, & D. Silver (Eds.), *Empathy I* (pp. 43–61). Hillsdale, NJ: Analytic Press.
- Aiken, L. R. (2003). *Psychological testing and assessment* (11th ed.). Boston, MA: Allyn & Bacon.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- Barrett-Lennard, G. T. (2003). *Steps on a mindful journey: Person-centered expressions*. Ross-on-Wye, United Kingdom: PCCS Books.
- Berger, D. M. (1987). *Clinical empathy*. Northvale, NJ: Jason Aronson.
- Bohart, A. C. (1999). Intuition and creativity in psychotherapy. *Journal of Constructivist Psychology*, 12, 287–311.
- Bohart, A. C., Elliot, R., Greenberg, L. S., & Watson, J. C. (2002). Empathy. In J. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 89–108). New York, NY: Oxford University Press.
- Bozarth, J. D. (1998). *Person-centered therapy: A revolutionary paradigm*. Ross-on-Wye, United Kingdom: PCCS Books.
- Clark, A. J. (1998). *Defense mechanisms in the counseling process*. Thousand Oaks, CA: Sage.
- Clark, A. J. (2002). *Early recollections: Theory and practice in counseling and psychotherapy*. New York, NY: Brunner-Routledge.
- Clark, A. J. (2004). Empathy: Implications of three ways of knowing in counseling. *Journal of Humanistic Counseling, Education and Development*, 43, 141–151.
- Clark, A. J. (2007). *Empathy in counseling and psychotherapy: Perspectives and practices*. Mahwah, NJ: Erlbaum.
- Clark, A. J. (2009, September). A new model of empathy in counseling. *Counseling Today*, 52, 46–47.
- Clark, A. J. (2010). Empathy and sympathy: Therapeutic distinctions in counseling. *Journal of Mental Health Counseling*, 32, 95–101.
- Cochran, J. L., & Cochran, N. H. (2006). *The heart of counseling: A guide to developing therapeutic relationships*. Belmont, CA: Thompson Brooks/Cole.
- Cooper, M. (2001). Embodied empathy. In S. Haugh & T. Merry (Eds.), *Rogers' therapeutic conditions: Evolution, theory and practice. Volume 2: Empathy* (pp. 218–229). Ross-on-Wye, United Kingdom: PCCS Books.
- Decety, J., & Jackson, P. L. (2006). A social-neuroscience perspective on empathy. *Current Directions in Psychological Science*, 15, 54–58.
- Duan, C., & Hill, C. E. (1996). The current state of empathy research. *Journal of Counseling Psychology*, 43, 261–274.
- Duffy, M., Gillig, S. E., Tureen, R. M., & Ybarra, M. A. (2002). A critical look at the DSM-IV. *The Journal of Individual Psychology*, 58, 363–373.
- Eagle, M., & Wolitzky, D. L. (1997). Empathy: A psychoanalytic perspective. In A. C. Bohart & L. S. Greenberg (Eds.), *Empathy reconsidered: New directions in psychotherapy* (pp. 217–244). Washington, DC: American Psychological Association.
- Edwards, D. J. A., Dattilio, F. M., & Bromley, D. B. (2004). Developing evidence-based practice: The role of case-based research. *Professional Psychology: Research and Practice*, 35, 589–597.
- Eisengart, S. P., & Faiver, C. M. (1996). Intuition in mental health counseling. *Journal of Mental Health Counseling*, 18, 41–52.
- Feller, C. P., & Cottone, R. R. (2003). The importance of empathy in the therapeutic alliance. *Journal of Humanistic Counseling, Education and Development*, 42, 53–61.
- Fernald, P. S. (2000). Carl Rogers: Body-centered counselor. *Journal of Counseling & Development*, 78, 172–179.
- Gallese, V. (2001). The 'shared manifold' hypothesis: From mirror neurons to empathy. *Journal of Consciousness Studies*, 8, 33–50.
- Gendlin, E. T. (1962). *Experiencing and the creation of meaning: A philosophical and psychological approach to the subjective*. New York, NY: Free Press.
- Gendlin, E. T. (1978). *Focusing*. New York, NY: Everest House.
- Gendlin, E. T. (1998). *Focusing-oriented psychotherapy: A manual of the experiential method*. New York, NY: Guilford Press.
- Gilbert, P. (2007). Evolved minds and compassion in the therapeutic relationship. In P. Gilbert & R. L. Leahy (Eds.), *The therapeutic relationship in the cognitive behavioral psychotherapies* (pp. 106–142). New York, NY: Routledge.
- Gladwell, M. (2005). *Blink: The power of thinking without thinking*. New York, NY: Little, Brown.
- Goldberg, A. (1999). Between empathy and judgment. *Journal of the American Psychoanalytic Association*, 47, 351–364.
- Goodyear, R. K. (1979). Inference and intuition as components of empathy. *Counselor Education and Supervision*, 18, 214–222.
- Greenson, R. R. (1967). *The technique and practice of psychoanalysis* (Vol. 1). New York, NY: International Universities Press.
- Hankammer, W. A., Snyder, B. A., & Hankammer, C. C. (2006). Empathy as the primary means in suicide assessment. *Journal for the Professional Counselor*, 21, 5–19.
- Hansen, J. T. (2000). Psychoanalysis and humanism: A review and critical examination of integrationist efforts with some proposed resolutions. *Journal of Counseling & Development*, 78, 21–28.
- Hartley, G. D. (1995). Empathy in the counseling process: The role of counselor understanding in client change. *Journal of Humanistic Education and Development*, 34, 13–23.
- Haugh, S., & Merry, T. (Eds.). (2001). *Rogers' therapeutic conditions: Evolution, theory and practice. Volume 2: Empathy*. Ross-on-Wye, United Kingdom: PCCS Books.
- Ivey, A. E., D'Andrea, M., Ivey, M. B., & Simek-Morgan, L. (2007). *Theories of counseling and psychotherapy: A multicultural perspective* (6th ed.). Boston, MA: Allyn & Bacon.
- Ivey, A. E., & Ivey, M. B. (1998). Reframing DSM-IV: Positive strategies from developmental counseling and therapy. *Journal of Counseling & Development*, 76, 334–350.

- Ivey, A. E., Ivey, M. B., & Zalaquett, C. P. (2010). *Intentional interviewing and counseling: Facilitating client development in a multicultural society* (6th ed.). Pacific Grove, CA: Brooks/Cole, Cengage Learning.
- Katz, R. L. (1963). *Empathy: Its nature and uses*. New York, NY: Free Press.
- Keil, W. W. (1997). Hermeneutic empathy in client-centered therapy. In E. Ulrich, H. Pabst, & G. W. Speierer (Eds.), *The power of the person centered approach: New challenges-perspectives-answers* (pp. 65–80). Cologne, Germany: GwG-Verlag.
- Kelly, E. W., Jr. (1997). Relationship-centered counseling: A humanistic model of integration. *Journal of Counseling & Development*, 75, 337–343.
- Kirschenbaum, H. (2004). Carl Rogers's life and work: An assessment on the 100th anniversary of his birth. *Journal of Counseling & Development*, 82, 116–124.
- Kohut, H. (1977). *The restoration of the self*. Madison, CT: International Universities Press.
- Kohut, H. (1982). Introspection, empathy, and the semi-circle of mental health. *International Journal of Psycho-Analysis*, 63, 395–407.
- Lambert, M. J., & Barley, D. E. (2002). Research summary on the therapeutic relationship and psychotherapy outcome. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 17–32). New York, NY: Oxford University Press.
- Levy, S. (1985). Empathy and psychoanalytic technique. *Journal of the American Psychoanalytic Association*, 33, 353–379.
- Lopez, S. J., Edwards, L. M., Pedrotti, J. T., Prosser, E. C., LaRue, S., Spalitto, S. V., & Ulven, J. C. (2006). Beyond the DSM-IV: Assumptions, alternatives, and alterations. *Journal of Counseling & Development*, 84, 259–267.
- Margulies, A. (1989). *The empathic imagination*. New York, NY: Norton.
- Myers, S. (2000). Empathic listening: Reports on the experience of being heard. *Journal of Humanistic Psychology*, 40, 148–173.
- Nystul, M. S. (2011). *Introduction to counseling: An art and science perspective* (4th ed.). Englewood Cliffs, NJ: Prentice Hall.
- Oberst, U. E., & Stewart, A. E. (2003). *Adlerian psychotherapy: An advanced approach to individual psychology*. New York, NY: Brunner-Routledge.
- Ornstein, P. H. (1979). Remarks on the central position of empathy in psychoanalysis. *Bulletin of the Association for Psychoanalytic Medicine*, 18, 95–108.
- Packer, M. J. (1985). Hermeneutic inquiry in the study of human conduct. *American Psychologist*, 40, 1081–1093.
- PDM Task Force. (2006). *Psychodynamic diagnostic manual*. Silver Spring, MD: Alliance of Psychoanalytic Organizations.
- Pearson, Q. M. (1999). Integrative empathy: Training counselors to listen with a theoretical ear. *Journal of Humanistic Counseling, Education and Development*, 38, 13–18.
- Pepinsky, H. B., & Pepinsky, P. B. (1954). *Counseling: Theory and practice*. New York, NY: Ronald Press.
- Petitngengin-Peugeot, C. (1999). The intuitive experience. *Journal of Consciousness Studies*, 6, 43–77.
- Poland, W. S. (2007). The limits of empathy. *American Imago*, 64, 87–93.
- Raskin, N. J. (2001). The history of empathy in the client-centered movement. In S. Haugh & T. Merry (Eds.), *Rogers' therapeutic conditions: Evolution, theory and practice. Volume 2: Empathy* (pp. 1–15). Ross-on-Wye, United Kingdom: PCCS Books.
- Rea, B. D. (2001). Finding our balance: The investigation and clinical application of intuition. *Psychotherapy*, 38, 97–106.
- Redfern, S., Dancey, C. P., & Dryden, W. (1993). Empathy: Its effect on how counsellors are perceived. *British Journal of Guidance and Counselling*, 21, 300–309.
- Ridley, C. R., Ethington, L. L., & Heppner, P. P. (2008). Cultural confrontation: A skill of advanced cultural empathy. In P. B. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (6th ed., pp. 377–393). Thousand Oaks, CA: Sage.
- Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications, and theory*. Boston, MA: Houghton Mifflin.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 95–103.
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of science, Vol. 3: Formulations of the person and the social context* (pp. 184–256). New York, NY: McGraw-Hill.
- Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Boston, MA: Houghton Mifflin.
- Rogers, C. R. (1964). Toward a science of the person. In T. W. Wann (Ed.), *Behaviorism and phenomenology: Contrasting bases for modern psychology* (pp. 109–140). Chicago, IL: University of Chicago Press.
- Rogers, C. R. (1975). Empathic: An unappreciated way of being. *The Counseling Psychologist*, 5, 2–10.
- Rogers, C. R. (1980). *A way of being*. Boston, MA: Houghton Mifflin.
- Rogers, C. R. (1986). Reflection of feelings. *Person-Centered Review*, 1, 375–377.
- Rosenberger, E. W., & Hayes, J. A. (2002). Therapist as subject: A review of the empirical countertransference literature. *Journal of Counseling & Development*, 80, 264–270.
- Scheidlinger, S. (1966). The concept of empathy in group psychotherapy. *International Journal of Group Psychotherapy*, 16, 413–424.
- Schmid, P. F. (2001). Comprehension: The art of not knowing. Dialogical and ethical perspectives on empathy as dialogue in personal and person-centred relationships. In S. Haugh & T. Merry (Eds.), *Rogers' therapeutic conditions: Evolution, theory and practice. Volume 2: Empathy* (pp. 53–71). Ross-on-Wye, United Kingdom: PCCS Books.
- Sciarra, D. T. (1999). *Multiculturalism in counseling*. Itasca, IL: Peacock.
- Shapiro, T. (1974). The development and distortions of empathy. *Psychoanalytic Quarterly*, 43, 4–25.

- Stewart, D. A. (1956). *Preface to empathy*. New York, NY: Philosophical Library.
- Stone, W. N., & Whitman, R. M. (1980). Observations on empathy in group psychotherapy. In L. R. Wolberg & M. L. Aronson (Eds.), *Group and family therapy 1980* (pp. 102–117). New York, NY: Brunner/Mazel.
- Sullivan, H. S. (1953). *The interpersonal theory of psychiatry*. New York, NY: Norton.
- Teich, N. (1992). Backgrounds: Origins, locations, and multiple definitions of empathy. In N. Teich (Ed.), *Rogerian perspectives: Collaborative rhetoric for oral and written communication* (pp. 241–247). Norwood, NJ: Ablex.
- Tobin, S. A. (1991). A comparison of psychoanalytic self psychology and Carl Rogers's person centered therapy. *Journal of Humanistic Psychology*, 31, 9–33.
- Trusty, J., Ng, K.-M., & Watts, R. E. (2005). Models of effects of adult attachment on emotional empathy of counseling students. *Journal of Counseling & Development*, 83, 66–77.
- Vanaerschot, G. (1997). Empathic resonance as a source of experience-enhancing interventions. In A. C. Bohart & L. S. Greenberg (Eds.), *Empathy reconsidered: New directions in psychotherapy* (pp. 141–165). Washington, DC: American Psychological Association.
- Watson, J. C. (2002). Re-visioning empathy. In D. J. Cain & J. Seeman (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (pp. 445–471). Washington, DC: American Psychological Association.
- Watson, J. C., Goldman, R., & Vanaerschot, G. (1998). Empathic: A postmodern way of being? In L. S. Greenberg, J. C. Watson, & G. Lietaer (Eds.), *Handbook of experiential psychotherapy* (pp. 61–81). New York, NY: Guilford Press.
- Welfel, E. R., & Patterson, L. E. (2005). *The counseling process: A multi-theoretical integrative approach* (6th ed.). Thompson Brooks/Cole.
- Wispé, L. (1987). History of the concept of empathy. In N. Eisenberg & J. Strayer (Eds.), *Empathy and its development* (pp. 17–37). New York, NY: Cambridge University Press.