

Dangers of over empathising



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Discussion

This assignment will attempt to discuss the importance of empathizing during the counselling exchange and focus on pointing out the dangers of over empathising as well as discuss how these dangers can be avoided. Before analysing the problems that occur when the therapist over empathizes, I will try to stress the importance of empathy within the client - therapist relationship.

When referring to the term empathy we mean the capability to share and appreciate someone else's emotions and feelings. It is often referred to as the ability to " put oneself into another's shoes", or in some way experience what the other person is feeling, (Ekman, 1999). Empathising with patients should be the starting point for improving the client - therapist relationship and the counselling exchange and process. Empathy has always been a significant characteristic of psychoanalytic treatment. It is the essential healing factor as well as the basis of data collection in psychoanalysis, (Plutchik, 1980).

Even though empathy is vital in psychoanalytic, self-psychological, and client - centred therapies, its main purpose is seen as different within each therapeutic method, (Nicoll, W. G. 1999). With client - centred therapy, the most important role of empathy is to generate a specific kind of learning experience where clients exist and relate to themselves in a different way. In particular, the purpose is to assist people in developing the " skill" of learning and show them how to use experiential referents in making every day decisions. With psychoanalysis, empathy is a key that assists the therapist in developing insight into the client's unconscious dynamics. With <https://assignbuster.com/dangers-of-over-empathising/>

self psychological therapy, empathy works as a way to strengthen self-structure. Even though these functions are different, they can coexist

Rogerian therapy

According to Rogerian therapy, the therapist enters the client's world. Within this unique world the therapist neither agrees or disagrees. and does not attempt to look into the subconscious, the unconscious or point out contradictions, (Rogers 1977). Instead, therapy is seen as a process of "freezing" the individual and taking away obstacles and barriers in order for normal growth and development to occur which would eventually result in the client's independence, (Moses, I. 1988). Within the process of therapy the client passes on from rigidly of self perception to fluidity. For this to happen the therapist must be completely genuine and must have positive attitude towards the client and show empathic understanding, (Shaffer, 1978). A fundamental but also tricky in respect to the amount of empathy towards the client is keeping positive attitude towards the client. This demands from the therapist to relate to the client as a person to a person and not as a scientist to an object of study, (Cornelius, 1996).

In the context of therapy, empathy is characterised and expressed by studying a person's facial expressions, studying the body movements , and by active listening, by hearing their tone of voice, (Haase & Tepper, 1972). Rogers (1975) emphasised on the therapist sensing the client's inner experiencing and communicating something about this understanding back to the person. In this regard, empathy involves a commitment to grasp the internal state of an individual as accurately as possible (Cochran & Cochran, 2006). It is the sustained interpersonal stance of the therapist in perceiving

and responding to the private meanings of the client that is central to the healing and change process (Barret - Lennard, 1976; Rogers, 1975; Bennet, 2001). In order for an empathic response of a therapist to affect a client, it must be expressed or made visible in some form (Barret - Lennard, 1993).

Although empathic acknowledgment may involve some form of stimulation in the therapist (the empathiser), the therapist should not adopt or experience this feeling as their own, instead they should locate the feeling in the other person. Otherwise the therapist may experience an emotional atmosphere or even that the emotions displayed belong to all the parties involved rather than just to the client, (Moses, I. 1988). As Rogers pointed out:

“... it is crucial that the therapist is able to perceive the experience of a person, but without losing the “ as if” the counsellor were the client” (Rogers, 1957).

It is said that, in therapy, it is essential for a practitioner to avoid allowing conflictive personal issues to interfere with the counselling relationship (Boy & Pine, 1982). On the other hand however, if the therapist maintains only an emotionally distant level of engagement with the client, communications and understandings that are forthcoming from an experiential mode of empathy may be diminished or precluded, (Olinick, S. L. 1969).

At this point it is crucial to point out that although empathy is important it can be a very difficult issue for many therapists, (Moses, 1988). This is because therapists are very vulnerable to an excessive level of identification with another individual when personal issues and conflicts are unresolved and subject to merging with the material of the client. Feeling too much can

easily complicate things and make it difficult to treat the patient in a completely objective manner. Being too empathic may also result in the therapist in a sense picking up attributes of the patient's physical and mental disease. When over empathising the therapist may feel disempowered and it may then become very difficult for the therapist to feel relaxed, centred and rooted which is a basic requirement when attempting to treat someone,

When the therapist over-empathises with the client he is in a way reproducing the physiological state of the client in his own system, (Davis, M. H. 1996). This can make therapy a dangerous quest as there are negative emotions involved, which leave the therapist in risk of exposing him or her self directly to the client's negative experience of the problem which could be depression, anxiety, suicidal tendencies and many more. By exposing himself directly and without borders to the client's negative state, the therapist is not helping himself, the client or the process of therapy.

However, by empathising with the client in a conscious and appropriate manner it can work as a healthy protective mechanism which shields the therapist when needed,

Empathy

Empathy is not the act of getting lost in the client's state. If this happens, the therapist will be pulled down with the client when the client is drowning and therefore will not be able to provide any help,

A sensible definition of empathy is to sense the client's private world as if it were your own, but without ever losing the 'as if' quality - this is empathy and it seems essential to therapy. To sense the client's anger, fear, or

confusion as if it were your own, yet without your own anger, fear or confusion getting bound up in it. (Rogers)

As Rogers states, empathising with the client in the way described can assist the client way more than just the positive feeling of being accepted and understood:

When the client's world is clear to the therapist, and he moves about in it freely, then he can both communicate his understanding of what is clearly known to the client and can also voice meanings in the client's experience of which the client is scarcely aware.

This way the therapist and the client can move forward together, step by step, instant by instant touching areas of experience which are within the client and affect his or her life, but for some or many reasons is difficult to access, therefore is not open to understanding, acceptance or change, (Myers, S. 2000).

Therapists need to keep in mind that counselling is not just talking things over (as they do in their everyday life with friends), but a more formal kind in which there are two very different roles, the counsellor does not generally talk about them self or try to rescue the client as they would do with a friend because by doing this there is a danger of over-empathizing with the client and losing a clear sense of being separate people, (Eisenberg, N., & Strayer, J. 1987)

In terms of the content of therapy, there is a need for the therapist to constantly look out for the influence they may be experiencing from the

client. Therapists need to question all their own assumptions and beliefs through reading, consciousness-raising, and through self examination. This requires a ruthless honesty that can be painful as well as exhilarating. Only when counsellors have gone through this themselves can they genuinely help their client and not become too attached or over-empathize.

Ultimately it is important that therapists work with and acknowledge all aspects of their clients and themselves that are beneath and above the form visible to our eyes, (Myers, S. 2000). They need to be able to tune into the level on which they can see the human soul in front of them without being distracted by their theories and self beliefs. However it is important for therapists to distinguish the difference between sympathy and empathy.

Sympathy

Sympathy is often confused with empathy as both conceptions are viewed as passing on a sense of caring or compassion. In therapy however, there are clear differences between these aspects that can either potentially delay or increase the treatment process, (Lang, J. A. 1994). The primary intent of empathy is to understand a person and the focus of sympathy is the well-being of an individual (Black, 2004). In practice, if a client expresses emotional distress, a counsellor employing an empathic stance tries to understand the individual's functioning and convey a sense of the experience back to the person. In contrast, if a therapist sympathetically responds to a client's distress, he or she may attempt to alleviate the client's plight, (Lang, J. A. 1994).

With sympathy, a practitioner's identity may begin to merge with a client's feelings and situation (Kalisch, 1973). As the psychological boundaries between the client and therapist blur, and the sharing of feelings intensifies, the expectation that a counsellor will be able to assume an objective or detached perspective becomes more remote. A manifest pattern of similarity with a client's behaviour may indicate the operation of identification as a defense mechanism on the part of a counsellor (Clark, 1998a). In contrast to sympathy, empathy implies a sense of detachment and separateness. A practitioner's identity is maintained except for momentary periods of active resonance with a client (Schlesinger, H. J. 1981). With empathy a counsellor directs attention more to the needs and issues of a client and attempts to maintain a focus on the individual's perspectives.

As mentioned previously, identification and projection represent defence mechanisms that can distort a therapist's ability to communicate and maintain an empathic posture with a client. The defences relate to conflictive issues and a therapist's functioning that emerge during threatening interactions in treatment. Counter-transference is another construct with origins in the psychoanalytic persuasion, and relates specifically to unresolved conflicts of a therapist that potentially have a negative impact in the therapy process (Rud, C. 1993). Because it involves distortion of perceptual functioning, counter transference results in the diminished ability of therapist's to focus on the needs of a client.

At this point it is safe to argue that over-empathising is similar to sympathising in a way. Empathy is clearly different to sympathy. Sympathy suggests feeling sorry for the other person or, perhaps, identifying with how

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the other person feels. If one sympathises, they imagine them self as being in the other person's position and how doing so would make them feel. This results in not being able to have a clear view of the problem and therefore not being able to offer an objective point of view as a therapist. If one empathises, however, they try to imagine how it is to be the other person which means that feeling sorry for him/her does not really come into the issue, allowing the therapist to be a disposition towards the client, and allowing the client to express them self fully. Therapists should be very cautious so as to avoid being too sensitive to the client's emotions, and to avoid over-investing their own emotions, as this may have an effect on them and drain away their own originality, creativity and resourcefulness. In any therapeutic condition an understanding of the borders and limitations of empathic accurateness is fundamental. It is important for the counsellor to always remember that it is the client in the end who will find his own way through, and will find his own idiosyncratic answers to his problems in living and that the counsellor is there to assist and guide him through.