

## **Carl Rogers**

### **Empathic: An Unappreciated Way Of Being**

It is my thesis in this paper that we should re-examine and re-evaluate that very special way of being with another person which has been called "empathic." I believe we tend to give too little consideration to an element that is extremely important both for the understanding of personality dynamics and for effecting changes in personality and behaviour. It is one of the most delicate and powerful ways we have of using ourselves. In spite of all that has been said and written on this topic, it is a way of being that is rarely seen in full bloom in a relationship. I start with my own somewhat faltering history in relation to this topic.

#### **PERSONAL VACILLATIONS**

Very early in my work as a therapist, I discovered that simply listening to my client, very attentively, was an important way of being helpful. So when I was in doubt as to what I should do in some active way, I listened. It seemed surprising to me that such a passive kind of interaction could be so useful. A little later a social worker, who had a background of Rankian training, helped me to learn that the most effective approach was to listen for the feelings, the emotions, whose patterns could be discerned through the client's words. I believe she was the one who suggested that the best response was to "reflect" these feelings back to the client - "reflect" becoming in time a word that made me cringe. But at that time, it improved my work as therapist, and I was grateful.

Then came my transition to a full-time position at Ohio State University, where, with the help of students, I was at last able to scrounge equipment for recording my and my students' interviews. I cannot exaggerate the excitement of our learnings as we clustered about the machine that enabled us to listen to ourselves, playing over and over some puzzling point at which the interview clearly went wrong, or those moments in which the client moved significantly forward. (I still regard this as the one best way of learning to improve oneself as a therapist.) Among many lessons from these recordings, we came to realise that listening to feelings and "reflecting" them was a vastly complex process. We discovered that we could pinpoint which response of the therapist caused a fruitful flow of significant expression to become superficial and unprofitable. Likewise, we were able to spot the remark that turned a client's dull and desultory talk into a focused self-exploration.

In such a context of learning, it became quite natural to lay more stress upon the content of the therapist's response than upon the empathic quality of the listening. To this extent, we became heavily conscious of the techniques that the counsellor or therapist was using. We became expert in analysing, in very minute detail, the ebb and flow of the process in each interview, and we gained a great deal from that microscopic study.

But this tendency to focus on the therapist's responses had appalling consequences. I had met hostility, but these reactions were worse. The whole approach came, in a few years, to be known as a technique. "Nondirective therapy," it was said, "is the technique of reflecting the client's feelings." Or an even worse caricature was simply that "in nondirective therapy you repeat the last words the client has said." I was so shocked by these complete distortions of our approach that for a number of years I said almost nothing about empathic listening, and when I did it was to stress an empathic attitude, with little comment as to how this might be implemented in the relationship...

... I preferred to discuss the qualities of positive regard and therapist congruence, which, together with empathy, I hypothesised as promoting the therapeutic process. They, too, were often misunderstood, but at least they were not caricatured.

## THE CURRENT NEED

Over the years, however, the research evidence has kept piling up, and it points strongly to the conclusion that a high degree of empathy in a relationship is possibly the most potent factor in bringing about change and learning. And so I believe it is time for me to forget the caricatures and misrepresentations of the past and take a fresh look at empathy.

For still another reason it seems timely to do this. In the United States during the past decade or two, many new approaches to therapy have held centre stage. Gestalt therapy, psychodrama, primal therapy, bioenergetics, rational-emotive therapy, and transactional analysis are some of the best known, but there are more. Part of their appeal lies in the fact that in most instances, the therapist is clearly the expert, actively manipulating the situation, often in dramatic ways, for the client's benefit. If I am reading the signs correctly, I believe there is a decrease in the fascination with such expertise in guidance. With behaviour therapy, another approach based on expertise, I believe interest and fascination are still on the increase. A technological society has been delighted to have found a technology by which people's behaviour can be shaped, even without their knowledge or approval, toward goals selected by therapists or by society. Yet even in this case, much questioning by thoughtful individuals is springing up as the philosophical and political implications of "behaviour mod" become more clearly visible. So I have seen a willingness on the part of many to take another look at ways of being with people that locate power in the person, not the expert, and this brings me again to examine carefully what is meant by the term "empathy" and what we have come to know about it. Perhaps the time is ripe for its value to be appreciated.

## EARLY DEFINITIONS

Many definitions have been given of the term, and I myself have set forth several. More than twenty years ago, I (Rogers, 1959) attempted to give a highly rigorous definition as part of a formal statement of my concepts and theory. It went as follows:

*The state of empathy, or being empathic, is to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person, but without ever losing the "as if" condition. Thus it means to sense the hurt or the pleasure of another as he senses it and to perceive the causes thereof as he perceives them, but without ever losing the recognition that it is as if I were hurt or pleased and so forth. If this "as if" quality is lost, then the state is one of identification. (pp. 210—211. See also Rogers, 1957.)*

## EXPERIENCING AS A USEFUL CONSTRUCT

In formulating my current description, I have drawn on the concept of "experiencing" as formulated by Gendlin (1962). This concept has enriched my thinking in various ways, as will be evident in this paper. Briefly, it is his view that at all times there is going on in the human organism a flow of experiencings to which the individual can turn again and again as a referent in order to discover the meaning of those experiences...

... An empathic therapist points sensitively to the “felt meaning” which the client is experiencing in this particular moment, in order to help him or her to focus on that meaning and carry it further to its full and uninhibited experiencing.

An example may clarify both the concept and its relation to empathy. A man in an encounter group has been making vaguely negative statements about his father. The facilitator says, “It sounds as though you might be angry at your father.” The man replies, “No, I don’t think so.” “Possibly dissatisfied with him?” “Well, yes, perhaps” (said rather doubtfully). “Maybe you’re disappointed in him.” Quickly the man responds, “That’s it! I am disappointed that he’s not a strong person. I think I’ve always been disappointed in him ever since I was a boy.”

Against what is the man checking these terms for their correctness? Gendlin’s view, with which I concur, is that he is checking them against the ongoing psycho-physiological flow within himself to see if they fit. This flow is a very real thing, and people are able to use it as a referent. In this case, “angry” doesn’t match the felt meaning at all; “dissatisfied” comes closer, but is not really correct; “disappointed” matches it exactly, and encourages a further flow of the experiencing, as often happens.

### **A CURRENT DEFINITION**

With this conceptual background, let me attempt a description of empathy that would seem satisfactory to me today. I would no longer be terming it a “state of empathy,” because I believe it to be a process, rather than a state. Perhaps I can capture that quality.

An empathic way of being with another person has several facets. It means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment by moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever that he or she is experiencing. It means temporarily living in the other’s life, moving about in it delicately without making judgements; it means sensing meanings of which he or she is scarcely aware, but not trying to uncover totally unconscious feelings, since this would be too threatening. It includes communicating your sensings of the person’s world as you look with fresh and unfrightened eyes at elements of which he or she is fearful. It means frequently checking with the person as to the accuracy of your sensings, and being guided by the responses you receive. You are a confident companion to the person in his or her inner world. By pointing to the possible meanings in the flow of another person’s experiencing, you help the other to focus on this useful type of referent, to experience the meanings more fully, and to move forward in the experiencing.

To be with another in this way means that for the time being, you lay aside your own views and values in order to enter another’s world without prejudice. In some sense it means that you lay aside your self; this can only be done by persons who are secure enough in themselves that they know they will not get lost in what may turn out to be the strange or bizarre world of the other, and that they can comfortably return to their own world when they wish.

Perhaps this description makes clear that being empathic is a complex, demanding, and strong - yet also a subtle and gentle - way of being.

## OPERATIONAL DEFINITIONS

The foregoing description is hardly an operational definition, suitable for use in research. Yet such operational definitions have been formulated and widely used. For example, the Barrett-Lennard Relationship Inventory, to be filled out by the parties to the relationship, defines empathy operationally by the items used. Some of the items from this instrument, indicating the range from empathic to nonempathic, follow:

*He appreciates what my experience feels like to me.  
He understands what I say from a detached, objective point of view.  
He understands my words but not the way I feel.*

Barrett-Lennard (1962) also has a specific conceptual formulation of empathy, upon which he based his items. While it definitely overlaps with the definition given above, it is sufficiently different to warrant its quotation.

*Qualitatively it (emphatic understanding) is an active process of desiring to know the full, present and changing awareness of another person, of reaching out to receive his communication and meaning, and of translating his words and signs into experienced meaning that matches at least those aspects of his awareness that are most important to him at the moment. It is an experiencing of the consciousness "behind" another's outward communication, but with continuous awareness that this consciousness is originating and proceeding in the other.*

Then there is the Accurate Empathy Scale, devised by Truax (1967) and others for use by raters. Even small portions of recorded interviews can be reliably rated by this scale. The nature of the scale may be indicated by giving the definition of Stage 1, which is the lowest level of empathic understanding, and Stage 8, which is a very high (though not the highest) degree of empathy. Here is Stage 1:

*Therapist seems completely unaware of even the most conspicuous of the client's feelings. His responses are not appropriate to the mood and content of the client's statements and there is no determinable quality of empathy, hence, no accuracy whatsoever. The therapist may be bored and disinterested or actively offering advice, but he is not communicating an awareness of the client's current feelings. (pp. 556-557)*

Stage 8 is defined as follows:

*Therapist accurately interprets all the client's present acknowledged feelings.*

*He also uncovers the most deeply shrouded of the client's feeling areas, voicing meanings in the client's experience of which the client is scarcely aware. He moves into feelings and experiences that are only hinted at by the client and does so with sensitivity and accuracy. The content that comes to life may be new but is not alien. While the therapist in Stage 8 makes mistakes, mistakes do not have a jarring note but are covered by the tentative character of the response...*

*... Also the therapist is sensitive to his mistakes and quickly alters or changes his responses in midstream, indicating that he more clearly knows what is being talked about and what is being sought after in the client's own explorations. The therapist reflects a togetherness with the [client] in tentative trial and error exploration. His voice tone reflects the seriousness and depth of his empathic grasp. (p. 566)*

I have wished to indicate by these examples that the empathic process can be defined in theoretical, conceptual, subjective, and operational ways. Even so, we have not reached the limits of its base.

## **A DEFINITION FOR CONTEMPORARY PERSONS**

Eugene Gendlin and others (Gendlin & Hendricks, undated) have recently been involved in a helping-community enterprise called "Changes," which has many implications for dealing with the alienated and counter-culture members of the chaos which we call urban living. Of particular interest is the "Rap Manual," which has been developed to aid the ordinary person in learning "how to help with the other person's process."

The Manual starts out with a section on "Absolute Listening." Some excerpts give the flavour:

*This is not laying trips on people. You only listen and say back the other person's thing, step by step, just as that person seems to have it at that moment. You never mix into it any of your own things or ideas, never lay on the other person anything that person didn't express... To show that you understand exactly, make a sentence or two which gets exactly at the personal meaning this person wanted to put across. This might be in your own words, usually, but use that person's own words for the touchy main things.*

It continues in this same vein, with many detailed suggestions, including ideas on "how to know when you're doing it right."

So it seems clear that an empathic way of being, although highly subtle conceptually, can also be described in terms which are perfectly understandable by contemporary youth or citizens of a beleaguered inner city. It is a broad-ranging conception.

## **GENERAL RESEARCH FINDINGS**

What have we come to know about empathy through research based on the instruments mentioned above, as well as others which have been devised? We have learned a great deal, and I will present some of these learnings, giving first some of the interesting general findings. I will reserve until later an analysis of the effects of an empathic climate on the dynamics of the behaviour of the recipient. Here, then, are some of the general statements which can be made with assurance:

*The ideal therapist is, first of all, empathic.* When psychotherapists of many different orientations describe their concept of the ideal therapist - the therapist they would like to become - they are in high agreement in giving empathy the highest ranking out of twelve variables. This statement is based on a study by Raskin (1974) of eighty-three practising therapists with at least eight different therapeutic approaches. The definition of the empathic quality was very similar to that used in this paper. Raskin's study corroborates and strengthens an earlier research by Fiedler (1950b)...

... So we may conclude that therapists recognise that the most important factor in *being* a therapist is "trying, as sensitively and as accurately as [one] can, to understand the client, *from the latter's own point of view*" (Raskin, 1974).

*Empathy is correlated with self-exploration and process movement.* It has been learned that a high degree of empathy in the therapeutic relationship is associated with various aspects of process and progress in the therapy. Such a climate is definitely related to a high degree of self-exploration in the client (Bergin & Strupp, 1972; Kurtz & Grummon, 1972; Tausch, Bastine, Friese, & Sander, 1970).

*Empathy early in the relationship predicts later success.* The degree of empathy that exists and will exist in the relationship can be determined very early, by the fifth or even the second interview. Such early measurements are predictive of the later success or lack of success in therapy (Barrett-Lennard, 1962; Tausch, 1973). The implication of these findings is that we could avoid a great deal of unsuccessful therapy by measuring the therapist's empathy early on.

*In successful cases, the client comes to perceive more empathy.* In successful cases, the client's perception of the empathic quality in the relationship increases over time, although the increase is not very great; objective judges are found to have the same perceptions as the clients (Cartwright & Lerner, 1966; van der Veen, 1970).

*Empathic understanding is provided freely by the therapist, not drawn from him or her.* Empathy is something *offered* by the therapist, and not simply elicited by some particular type of client (Tausch et al., 1970; Truax & Carkhuff, 1967). There have been speculations to the contrary: that an appealing or seducing client might be responsible for drawing understanding from the therapist. The evidence does not support this. Indeed, the degree of empathy in a relationship can be rather accurately inferred simply by listening to the therapist's responses, without any knowledge of the client's statements (Quinn, 1953). So, if an empathic climate exists in a relationship, the probability is high that the therapist is responsible for it.

*The more experienced the therapist is, the more likely he or she is to be empathic.* Experienced therapists offer a higher degree of empathy to their clients than those less experienced, whether this quality is being assessed through the client's perception or through the ears of qualified judges (Barrett-Lennard, 1962; Fiedler, 1949, 1950a; Mullen & Abeles, 1972). Evidently, therapists do learn, as the years go by, to come closer to their ideal of a therapist and to be more sensitively understanding.

*Empathy is a special quality in a relationship, and therapists offer definitely more of it than even helpful friends* (van der Veen, 1970). This is reassuring.

*The better integrated the therapist is, the higher the degree of empathy he or she exhibits.* Personality disturbance in the therapist goes along with a lower empathic understanding. Therapists who are free from discomfort and confident in interpersonal relationships can offer more of understanding (Bergin & Jasper, 1969; Bergin & Solomon, 1970). As I have considered this evidence and also my own experience in the training of therapists, I come to the somewhat uncomfortable conclusion that the more psychologically mature and integrated the therapist is, the more helpful is the relationship that he or she provides. This puts a heavy demand on the therapist as a person.

*Experienced therapists often fall short of being empathic.* In spite of what has been said of experienced therapists, they differ sharply in the degree of empathy they offer. Raskin (1974) showed that when the recorded interviews of six experienced therapists were rated by eighty-three other experienced therapists, the differences on twelve variables were significant at the .001 level, and empathy was second in the extent of difference. The outstanding characteristic of the client-centred therapist was his empathy. Other types of therapeutic approaches had as their outstanding characteristic their cognitive quality, their therapist directedness, and the like. So, although therapists regarded empathic listening as the most important element in their *ideal*, in their actual *practice* they often fell far short of this. In fact, the ratings of the recorded interviews of these six expert therapists by other therapists turned up a surprising finding. In only two cases did the ratings of the work of the experts correlate positively with the collective description of the ideal therapist. In four cases the correlation was negative, the most extreme being a - .66! So much for therapy as it is practised!

*Clients are better judges of the degree of empathy than are therapists.* Perhaps, then, it is not too surprising that therapists prove to be rather inaccurate in assessing their own degree of empathy in a relationship. The client's perception of this quality agrees rather well with that of unbiased judges listening to the recordings, but the agreement between clients and therapists, or judges and therapists, is low (Rogers, Gendlin, Kiesler, & Truax, 1967, chaps. 5, 8). Perhaps, if we wish to become better therapists, we should let our clients tell us whether we are understanding them accurately!

*Brilliance and diagnostic perceptiveness are unrelated to empathy.* It is important to know that the degree to which therapists create an empathic climate is not related to their academic performance or intellectual competence (Bergin & Jasper, 1969; Bergin & Solomon, 1970). Neither is it related to the accuracy of their perception of individuals or their diagnostic competence. In fact, it may be negatively related to the latter (Fiedler, 1953). This is a most important finding. If neither academic brilliance nor diagnostic skill is significant, then clearly an empathic quality belongs in a different realm of discourse from most clinical thinking - psychological and psychiatric. I believe that therapists are reluctant to accept the implications.

*An empathic way of being can be learned from empathic persons.* Perhaps the most important statement of all is that the ability to be accurately empathic is something that can be developed by training. Therapists, teachers, and parents can be helped to become empathic. This is especially likely to occur if their own supervisors, teachers, and parents are individuals of sensitive understanding (Aspy, 1972; Aspy & Roebuck, 1975; Guerney, Andronico, & Guerney, 1970). It is most encouraging to know that this subtle, elusive quality, of utmost importance in therapy, is not something one is "born with"; rather, it can be learned, and learned most rapidly in an empathic climate. Perhaps only two basic elements of therapeutic effectiveness can profit from cognitive and experiential training: empathy and congruence.

## THE CONSEQUENCES OF AN EMPATHIC CLIMATE

So much for the knowledge that has been gained *about* empathy. But what effects do a series of deeply empathic responses have upon the recipient? Here the evidence is quite overwhelming. *Empathy is clearly related to positive outcome.* From schizophrenic patients in psychiatric hospitals to pupils in ordinary classrooms, from clients of a counselling centre to teachers in training, from neurotics in Germany to neurotics in the United States, the evidence is the same:

... it indicates that the more sensitively understanding is the therapist or teacher, the more likely are constructive learning and change to take place (Aspy, 1972, chap. 4; Aspy & Roebuck, 1975; Barrett-Lennard, 1962; Bergin & Jasper, 1969; Bergin & Strupp, 1972; Halkides, 1958; Kurtz & Grummon, 1972; Mullen & Abeles, 1972; Rogers et al., 1967, chaps. 5, 9; Tausch, Bastine, Bominert, Minsel, Nickel, & Langer, 1972; Truax, 1966). As stated by Bergin and Strupp (1972), various studies "demonstrate a positive correlation between therapist empathy, patient self-exploration, and independent criteria of patient change" (p. 25).

Yet, I believe that far too little attention has been given these findings. This deceptively simple empathic interaction has many profound consequences. I want to discuss these at some length.

First, empathy dissolves alienation. For the moment, at least, the recipient finds himself or herself a connected part of the human race. Although it may not be articulated clearly, the experience goes something like this: "I have been talking about hidden things, partly veiled even from myself, feelings that are strange - possibly abnormal - feelings I have never communicated to another, nor even clearly to myself. And yet, another person has understood, understood my feelings even more clearly than I do. If someone else knows what I am talking about, what I mean, then to this degree I am not so strange, or alien, or set apart. I make sense to another human being. So I am in touch with, even in relationship with, others. I am no longer an isolate."

Perhaps this explains one of the major findings of our study of psychotherapy with schizophrenics. We found that those patients receiving from their therapists a high degree of accurate empathy as rated by unbiased judges, showed the sharpest reduction in schizophrenic pathology as measured by the Minnesota Multiphasic Personality Inventory (Rogers et al., 1967, p. 85). This suggests that the sensitive understanding by another may have been the most potent element in bringing the schizophrenics out of their estrangement, and into the world of relatedness. Carl Jung has said that schizophrenics cease to be schizophrenic when they meet other persons by whom they feel understood. Our study provides empirical evidence in support of that statement.

Other studies, both of schizophrenics and of counselling centre clients, show that a low level of empathy is related to a slight worsening in adjustment and pathology. Here, too, the findings make sense. It is as though the individual concludes: "If no one understands me, if no one can grasp what these experiences are like, then I am indeed in a bad way - more abnormal than I thought." One of R. D. Laing's patients states this feeling vividly in describing earlier contacts with psychiatrists:

*It's a most terrifying feeling to realise that the doctor can't see the real you, that he can't understand what you feel and that he's just going ahead with his own ideas. I would start to feel that I was invisible or maybe not there at all. (Laing, 1965, p. 166)*

A second consequence of empathic understanding is that the recipient feels valued, cared for, accepted as the person that he or she is. It might seem that we have here stepped into another area, and that we are no longer speaking of empathy. But this is not so. It is impossible to accurately sense the perceptual world of another person unless you value that person and his or her world - unless you, in some sense, care. Hence, the message comes through to the recipient that "this other individual trusts me, thinks I'm worthwhile. Perhaps I *am* worth something. Perhaps I could value myself..."

... Perhaps I could care for myself.”

A vivid example of this comes from a young man who has been a recipient of much sensitive understanding and who is now in the later stages of his therapy:

CLIENT *I could even conceive of it as a possibility that I could have a kind of tender concern for me. Still, how could I be tender, be concerned for myself, when they're one and the same thing? But yet I can feel it so clearly - you know, like taking care of a child. You want to give it this and give it that. I can kind of clearly see the purposes for somebody else, but I can never see them for myself, that I could do this for me, you know. Is it possible that I can really want to take care of myself and make that a major purpose of my life? That means I'd have to deal with the whole world as if I were guardian of the most cherished and most wanted possession, that this I was between this precious me that I wanted to take care of and the whole world. It's almost as if I loved myself you know, that's strange - but it's true.*

THERAPIST *It seems such a strange concept to realise. It would mean I would face the world as though a part of my primary responsibility was taking care of this precious individual who is me - whom I love.*

CLIENT *Whom I care for - whom I feel so close to. Woof! That's another strange one.*

THERAPIST *It just seems weird.*

CLIENT *Yeah. It hits rather close somehow. The idea of my loving me and taking care of me. (His eyes row moist.) That's a very nice one - very nice.*

It is, I believe, the therapist's caring understanding - exhibited in this excerpt as well as previously - which has permitted this client to experience a high regard, even a love, for himself.

Still a third impact of a sensitive understanding comes from its nonjudgmental quality. The highest expression of empathy is accepting and nonjudgmental. This is true because it is impossible to be accurately perceptive of another's inner world if you have formed an evaluative opinion of that person. If you doubt this statement, choose someone you know with whom you deeply disagree and who is, in your judgement, definitely wrong or mistaken. Now try to state that individual's views, beliefs, and feelings so accurately that he or she will agree that you have sensitively and correctly described his or her stance. I predict that nine times out of ten you will fail, because your judgement of the person's views creeps into your description of them.

Consequently, true empathy is always free of any evaluative or diagnostic quality. The recipient perceives this with some surprise: "If I am not being judged, perhaps I am not so evil or abnormal as I have thought. Perhaps I don't have to judge myself so harshly." Thus, the possibility of self- acceptance is gradually increased.

There comes to mind a psychologist whose interest in psychotherapy started as a result of his research in visual perception. In this research, many students were interviewed and asked to relate their visual and perceptual history, including any difficulties in seeing or reading, their reaction to wearing glasses, and so forth...

... The psychologist simply listened with interest, made no judgements on what he was hearing, and completed the gathering of his data. To his amazement, a number of these students returned spontaneously to thank him for all the help he had given them. He had, in his opinion, given them no help at all. But it forced him to recognise that interested nonevaluative listening is a potent therapeutic force, even when directed at a narrow sector of life, and with no intent of being helpful.

Perhaps another way of putting some of what I have been saying is that a finely tuned understanding by another individual gives the recipient a sense of personhood, of identity. Laing (1965) has said that "the sense of identity requires the existence of another by whom one is known" (p. 139). Buber has also spoken of the need to have our existence confirmed by another. Empathy gives that needed confirmation that one does exist as a separate, valued person with an identity.

Let us turn to a more specific result of the empathic interaction, in which individuals feel understood. Persons begin revealing material that they have never communicated before, in the process discovering previously unknown elements in themselves. Such an element may be "I never knew before that I was angry at my father," or "I never realised that I am afraid of succeeding." Such discoveries are unsettling but exciting. To perceive a new aspect of oneself is the first step toward changing the concept of oneself. The new element is, in an understanding atmosphere, owned and assimilated into a now altered self-concept. This is the basis, in my estimation, of the behaviour changes that can come about as a result of psychotherapy. Once the self-concept changes, behaviour changes to match the freshly perceived self.

If we think, however, that empathy is effective only in the one-to-one relationship called psychotherapy, we are greatly mistaken. Even in the classroom it makes an important difference. When teachers show evidence that they understand the meaning of classroom experiences for students, learning improves. In studies made by Aspy and colleagues, it was found that children's reading improved significantly more when teachers exhibited a high degree of understanding than classrooms where such understanding did not exist. This finding has been replicated in many classrooms (Aspy, 1972, chap. 4; Aspy & Roebuck, 1975). Just as clients in psychotherapy find that empathy provides a climate for learning more of themselves, so students in the classroom find themselves in a climate for learning subject matter when they are in the presence of an understanding teacher.

Thus far, I have spoken of the more obvious change-producing effects of empathy. I should like to turn to an aspect having to do with the dynamics of personality. When persons are perceptively understood, they find themselves coming in closer touch with a wider range of their experiencing. This gives them an expanded referent to which they can turn for guidance in understanding themselves and in directing their behaviour. If the empathy has been accurate and deep, they may also be able to unblock a flow of experiencing and permit it to run its uninhibited course.

What is meant by these statements? I believe they will be clearer if I present an excerpt from a recorded interview with Mrs. Oak, a middle-aged woman in the later stages of therapy. She is exploring some of the complex feelings that have been troubling her.

CLIENT        *I have the feeling it isn't guilt. (Pause. She weeps.) Of course, I mean, I can't verbalise it yet. (Then, with a rush of emotion.) It's just being terribly hurt!*

THERAPIST *Mm-hmm. It isn't guilt except in the sense of being very much wounded somehow.*

CLIENT *(Weeping.) It's - you know, often I've been guilty of it myself but in later years when I've heard parents say to their children, "Stop crying!" I've had a feeling, a hurt, as though, well, why should they tell them to stop crying? They feel sorry for themselves, and who can feel more adequately sorry for himself than the child? Well, that is sort of what I mean, as though I mean, I thought that they should let him cry. And feel sorry for him too, maybe. In a rather objective kind of way. Well, that's... something of the kind of thing I've been experiencing. I mean, now - just right now. And in - in -*

THERAPIST *That catches a little more of the flavour of the feeling, that it's almost as if you're really weeping for yourself.*

CLIENT *Yeah. And again, you see, there's conflict. Our culture is such that... I mean, one doesn't indulge in self-pity. But this isn't - I mean, I feel it doesn't quite have that connotation. It may have.*

THERAPIST *You sort of think there is a cultural objection to feeling sorry about yourself. And yet you feel the feeling you're experiencing isn't quite what the culture objects to either.*

CLIENT *And then of course, I've come to... to see and to feel that over this - see, I've covered it up. (Weeps.) But I've covered it up with so much bitterness, which in turn I had to cover up. (Weeping.) That's what I want to get rid of! I almost don't care if I hurt.*

THERAPIST *(Softly, and with an empathic tenderness toward the hurt she is experiencing.) You feel that here at the basis of it as you experience it, is a feeling of real tears for yourself. But that you can't show, mustn't show, so that's been covered by bitterness that you don't like, that you'd like to be rid of. You almost feel you'd rather absorb the hurt than to - than to feel the bitterness. (Pause.) And what you seem to be saying quite strongly is, "I do hurt, and I've tried to cover it up."*

CLIENT *I didn't know it.*

THERAPIST *Mm-hmmm. Like a new discovery really.*

CLIENT *(Speaking at the same time.) I never really did know. But it's - you know, it's almost a physical thing. It's - it's sort of as though I were looking within myself at all kinds of - nerve endings and bits of things that have been sort of mashed. (Weeping.)*

THERAPIST *As though some of the most delicate aspects of you, physically almost, have been crushed or hurt.*

CLIENT *Yes. And you know, I do get the feeling, "Oh you poor thing."*

Here it is clear that empathic therapist responses encourage her in the wider exploration of, and closer acquaintance with, the visceral experiencing going on within...

... She is learning to listen to her guts (to use an inelegant term). She has expanded her knowledge of the flow of her experiencing.

Here, too, we see how this unverbilized visceral flow is used as a referent. How does she know that "guilt" is not the word to describe her feeling? She knows by turning within, taking another look at this reality, this palpable process that is taking place, this experiencing. And so she can test the word "hurt" against this referent, and she finds it closer. Only when she tries on the phrase, "Oh you poor thing," does it really fit the inner felt meaning of compassion and sorrow for herself. In my judgment, she has not only used this aspect of her experiencing as a referent, but has also learned something about this process of checking with her total physiological being - a learning she can apply again and again. And empathy has helped to make it possible.

We can also find in this slice of therapy what it means to let an experiencing run its course. This is clearly not a new feeling. She has often felt it before, yet it has never been lived out. It has been blocked in some way. I am quite clear as to the reality and vividness of the unblocking that follows, because I have many times been a party to its occurrence, but I am not sure how it may best be described. It seems to me that only when a gut-level experience is fully accepted and accurately labeled in awareness can it be completed. Then the person can move beyond it. Again, it is the sensitively empathic climate that helps to move the experiencing forward to its conclusion, which, in this case, is the uninhibited experiencing of the pity she feels for herself.

## **CONCLUSIONS**

I wish now to back off and give a rather different perspective on the significance of empathy. We can say that when persons find themselves sensitively and accurately understood, they develop a set of growth-promoting or therapeutic attitudes toward themselves. Let me explain:

1. The nonevaluative and acceptant quality of the empathic climate enables persons, as we have seen, to take a prizing, caring attitude toward themselves.
2. Being listened to by someone who understands makes it possible for persons to listen more accurately to themselves, with greater empathy toward their own visceral experiencing, their own vaguely felt meanings.
3. The individuals' greater understanding of and prizing of themselves opens to them new facets of experience which become part of a more accurately based self-concept.

The self is now more congruent with the experiencing. Thus, the persons have become, in their attitudes toward themselves, more caring and acceptant, more empathic and understanding, more real and congruent. But these three elements are the very ones that both experience and research indicate are the attitudes of an effective therapist. So we are perhaps not overstating the total picture if we say that an emphatic understanding by another enables a person to become a more effective growth enhancer, a more effective therapist, for himself or herself.

Consequently, whether we are functioning as therapists, as encounter-group facilitators, as teachers, or as parents, we have in our hands, if we are able to take an empathic stance, a powerful force for change and growth. Its strength needs to be appreciated.

Finally, I want to put all that I have said into a larger context. Because I have been speaking only of the empathic process, it may seem that I regard this as the *only* important factor in growthful relationships. I would not wish to leave that impression. I would like briefly to state my views on the significance of what I see as the three attitudinal elements making for growth, and their relationship to one another.

In the ordinary interactions of life - between marital and sex partners, between teacher and student, employer and employee, or between colleagues or friends - congruence is probably the most important element. Congruence, or genuineness, involves letting the other person know "where you are" emotionally. It may involve confrontation and the straightforward expression of personally owned feelings - both negative and positive. Thus, congruence is a basis for living together in a climate of realness.

But in certain other special situations, caring, or prizing, may turn out to be the most significant element. Such situations include nonverbal relationships - between parent and infant, therapist and mute psychotic, physician and very ill patient. Caring is an attitude that is known to foster creativity - a nurturing climate in which delicate, tentative new thoughts and productive processes can emerge.

Then, in my experience, there are other situations in which the empathic way of being has the highest priority. When the other person is hurting, confused, troubled, anxious, alienated, terrified, or when he or she is doubtful of self-worth, uncertain as to identity - then understanding is called for. The gentle and sensitive companionship offered by an empathic person (who must, of course, possess the other two attitudes) provides illumination and healing. In such situations deep understanding is, I believe, the most precious gift one can give to another.

## REFERENCES

- ASPI, D. *Toward a technology for humanizing education*. Champaign, Illinois: Research Press, 1972.
- ASPI, D., & ROEBUCK, F. From humane ideas to humane technology and back again, many times. *Education*, 1974, 95(2), 163-171.
- BARRETT-LENNARD, G. T. Dimensions of therapist response as causal factors in therapeutic change. *Psychological Monographs*, 1962, 76(43, Whole No. 562).
- BERGIN, A. E., & JASPER, L. G. Correlates of empathy in psychotherapy: A replication. *Journal of Abnormal Psychology* 1969, 74, 477-481.
- BERGIN, A. E., & SOLOMON, S. Personality and performance correlates of empathic understanding in psychotherapy. In J.T. Hart & I. M. Tomlinson (Eds.), *New directions in client-centered therapy*. Boston: Houghton Mifflin, 1970.
- BERGIN, A. E., & STRUPP, H.H. *Changing frontiers in the science of psychotherapy*. Chicago: Aldine-Atherton, 1972.
- BLOCKSMA, D. D. *An experiment in counselor learning*. Unpublished doctoral dissertation, University of Chicago, 1951.
- CARTWRIGHT, K. D., & LERNER, B. Empathy, need to change, and improvement in psychotherapy. In G. E. Stollak, B. G. Guernsey, Jr., & M. Rothberg (Eds.), *Psychotherapy research: Selected readings*. Chicago: Rand McNally, 1966.
- FIEDLER, F. E. *A comparative investigation of early therapeutic relationships created by experts and non-experts of the psychoanalytic, non-directive, and Adlerian schools*. Unpublished doctoral dissertation, University of Chicago, 1949.
- FIEDLER, F. E. A comparison of therapeutic relationships in psychoanalytic, non-directive and Adlerian therapy. *Journal of Consulting Psychology*, 1950, 14, 436-445. (a)
- FIEDLER, F. E. The concept of the ideal therapeutic relationship. *Journal of Consulting Psychology*; 1950, 14, 239-245. (b)
- FIEDLER, F. E. Quantitative studies on the role of therapists' feelings toward their patients. In O. H. Mowrer (Ed.), *Psychotherapy theory and research*. New York: Ronald Press, 1953.
- GENDLIN, E. T. *Experiencing and the creation of meaning*. New York: The Free Press of Glencoe, 1962.

- GENDLIN, E. T., & HENDRICKS, M. Rap manual, *Changes*. Chicago, Illinois, mimeographed document, undated.
- GUERNEY, B. C.. JR., ANDRONICO, M. P. & GUERNEY, L. F. Filial therapy. In J. T. Hart & T. M. Tomlinson (Eds.), *New directions in client-centered therapy*. Boston: Houghton Mifflin, 1970.
- HALKIDES, G. *An experimental study of four conditions necessary for therapeutic change*. Unpublished doctoral dissertation, University of Chicago, 1958.
- KURTZ, R. R., & GRUMMON, D. L. Different approaches to the measurement of therapist empathy and their relationship to therapy outcomes. *Journal of Consulting and Clinical Psychology*; 1972, 39(1), 106-115.
- LAING, R. D. *The divided self*. London: Tavistock, 1960. Pelican edition, 1965.
- MULLEN, J., & ABELES, N. Relationship of liking, empathy, and therapist's experience to outcome of therapy. In *Psychotherapy, 1971, an Aldine annual*. Chicago: AldineAtherton, 1972.
- QUINN, R.D. Psychotherapists' expressions as an index to the quality of early therapeutic relationships established by representatives of the non-directive, Adlerian and psychoanalytic schools, in O. H. Mowrer (Ed.), *Psychotherapy theory and research*. New York: Ronald Press, 1953.
- RASKIN, N. Studies on psychotherapeutic orientation: ideology in practice. *AAP Psychotherapy Research Monographs*, Orlando, Florida: American Academy of Psychotherapists, 1974.
- ROGERS, C. R. The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*; 1957, 21, 95-103.
- ROGERS, C. R. A theory of therapy, personality and interpersonal relationships as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of a science* (Vol. 3, *Formulations of the person and the social context*). New York: McGraw-Hill, 1959.
- ROGERS, C. R., GENDLIN, E. T, KIESLER, D.J., & TRUAX, C. B. (EDS.) *The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics*. Madison, Wisconsin: University of Wisconsin Press, 1967.
- TAUSCH, R. Personal communication, 1973.
- TAUSCH, R., BASTINE, R., BOMMERT, H., MINSEL, W-R., NICKEL, H.. & LANCER, I. Weitere Untersuchung der Auswirkung und der Prozesse klientenzentrierter Gesprächspsychotherapie. *Zeitschrift für Klinische Psychologie*, 1972, 1(3), 232 —250.
- TAUSCH, R., BASTINE, R., FRIESE, H., & SANDER, K. Variablen und Ergebnisse bei Psychotherapie mit alternierenden Psychotherapeuten. *Verlag für Psychologie*, 1970, XXIII, Göttingen.
- TRUAX, C. B. Effective ingredients in psychotherapy: An approach to unravelling the patient-therapist interaction. In G. E. Stollak, B. C. Guerny, Jr., & M. Rothberg (Eds.), *Psychotherapy research: Selected readings*. Chicago: Rand McNally, 1966.
- TRUAX, C. B. A scale for the rating of accurate empathy. In C. R. Rogers, E. T. Gendlin, D. J. Kiesler, & C. B. Truax (Eds.), *The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics*. Madison, Wisconsin: University of Wisconsin Press, 1967.
- TRUAX, C. B., & CARKHUFF, R. R. *Toward effective counseling and psychotherapy: training and practice*. Chicago: AldineAtherton, 1967.
- VAN DER VEEN, F. Client perception of therapist conditions as a factor in psychotherapy. In J. I Hart & I M. Tomlinson (Eds.), *New directions in client-centered therapy*. Boston: Houghton Mifflin, 1970.