

Chapter 1 : Empathising and Attuning | Relational Integrative Psychotherapy

Empathy is a strongly needed quality among all people, young and old. Empathy is the ability to understand and share the feelings of another. With more empathy comes more compassion, lower crime rates, and less hate among everyone.

Join the Facebook workgroup and check the shared Google Doc if you would like to actively be involved in this project. After combining and synthesizing the different ways the word is used, here are the four basic aspects of empathy that I have come up with. The wheel is more the model of empathy and how it works, while the feel of empathy is looking at it from the personal felt experience of it. Self-Empathy Sensory awareness of our own internal feelings and internal state. Turning your attention inwards into your inner visceral feelings. Getting connected with yourself. Becoming self aware of what is happening inside ourselves without judgments. Listening to your inner feelings and experiences. Facilitating inner dialog between different feelings. Labeling your inner experiences, feelings and needs. Translating inner judgments into feelings and needs. When we are heard by someone else, it actually helps us feel into our own self more deeply. This is the essence of much of therapy. Having good friends listen to us has the same effect Anything that reduces stress and raises the level of Oxytocin in our bodies helps. Meditation, mindfulness practices, focusing , yoga , aikido and the arts, for example, are a few of the many ways to foster self-empathy. Mirrored Empathy Emotional Empathy Emotional empathy of others via mirror neurons - reflecting others in ourselves and ourselves being reflected by others. With mirror neuron, the same neurons in our brain fire when we do an action and see the same action happening in someone else. This is also called emotional or affective empathy. Emotional contagion is when we catch the emotions of others. Empathic active listening and physical mirroring exercises can help foster this. Perspective and role taking of others. This is based on the sense of self-awareness, when we recognize ourselves as separate beings. We can imagine being someone else or imagine being another person, animal, object, etc. Cognitive Empathy When we empathize with others, we gather insights and understandings of them which we form into mental models of who they are. Within the human-centered design model they use an Empathy Map to understand who the person is. Once connection is created, taking creative action together. Empathy is when the blocks to action are removed, that do not exclude. Until an adequate level of self, mirrored and imaginative empathy are in place, empathic action may be blocked. Also looking for creative ways to resolve conflict. Our minds are like a puzzle solving machine, through Self-Empathy, Mirrored Empathy and Imaginative Empathy we see ourselves reflected in others and they in us. Our minds automatically try to solve the puzzle of organizing our shared experience, which is Empathic Creativity. The Feel of Empathy The wheel of empathy represents a model of empathy. Also what is empathy like as a metaphor? Metaphors can carry an emotional or sensory quality of the experience. My life feels enriched. My life would be like a barren desert lonely, monotone, sterile, monotonous, etc. How does compassion relate to empathy? Just like with empathy, there are many definitions of compassion and it can get confusing. One, it is a sub category of the empathic experience. It is empathy applied to suffering. A feeling into the suffering of someone, often with a sense of deep presence and consoling. Also with a desire to alleviate the suffering. This is the definition I use. Two, it is seen as form of sympathy. First we empathize with someone, feel their suffering, but then a secondary feelings comes up where we feel sorry for them. This is more of a patronizing looking down on the person approach. We can empathize with all the different motions, sensations and feelings that someone may have; joy, sadness, caring, fear, loneliness, creativity, connection, grief, excitement, boredom, pain, suffering, etc. Compassion is the name applied to what happens when we empathize with pain and suffering. This can also be called empathic concern by some. It follows the same process as empathy. So compassion is a subset of the empathic process and there is the wheel and feel of compassion. Self-Compassion Feeling compassion for your own pain and suffering. When we see someone in pain our own pain neurons fire. Imaginative or Cognitive Compassion This is based on the sense of self-awareness, when we recognize ourselves as separate beings. We can imagine the suffering someone is going through from their perspective. Compassionate Action The desire and action to alleviate the suffering, often with consoling. Some call it empathic concern. What does compassion feel like as a sensation in your

body. Warm, comforting, safe, etc? What is your metaphor of compassion? I have heard it described as being like putting out a fire.

Chapter 2 : Project MUSE - Empathy and Alfred Adler: An Integral Perspective

EARLY DEFINITIONS: 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.

Twice Humans are absolutely capable of unimaginable cruelty. That vicious nature knows no bounds, and people result to criticizing, insulting, bullying, assaulting, killing, and torturing each other and more. How much of this horrible behavior would the perpetrators like to have visited upon themselves? And yet it continues to happen on a daily basis. This selfishness and total disregard for others seems to be growing. People continually justify their actions based upon their own small view of the world, and never stop to consider that there may be something wrong with their approach to life. What is the chief cause of this societal distress? The diminishment of empathy in our society. This is a fairly broad definition, and can be used to describe a wide range of experiences. Researchers in the field have endeavored to divide this general definition between two different types of empathy: Cognitive empathy can also be described as perspective-taking, and it references our capacity to understand and identify the specific emotions of others. People with Autism have a particularly difficult time with this specific empathetic type. Affective empathy references our ability to experience the feelings or sensations that are typically triggered in response to the emotions of other people. In particular, this type of empathy is evidenced in one of two ways. The first way involves the appearance of a feeling of stress in response to the fear or anxiety of another person. That understanding is the foundation of communication, respect, and morality. What is the importance of empathy? This relates directly back to the Golden Rule, or the ethic of reciprocity. This rule can be explained from many different perspectives, and in all cases it is defined in one of the following ways: Psychologically, empathy is required to exercise either of these rules. For, if you cannot identify the effect of your actions on the emotions and psyche of another, then you also are not equipped to process the feedback necessary to alter your behavior. This directly affects your ability to have deep and engaging relationships with the people in your life, and emphasizes the role of empathy in affecting the quality of your long-term relationships. In general then, a person who lacks empathy will find difficulty in the creation of strong relationships with their spouse or family. That brings us to our next question: Can empathy be taught? In the *Journal of Personality and Social Psychology*, a group of researchers sought to determine the outcome of practicing affective empathy in the context of racism. They created an example of empathy by having participants watch a five-minute video. In it they showed the experiences of a white man John, and a black man Glen. In each case, the subject went shopping in a store, visited a car lot, and had direct interactions with the police. The discrimination experienced by Glen was clear. This is just one of many empathy examples that will help you understand it in real life. The participants were asked to either: Imagine their own thoughts, feelings, and experiences if it was happening to them. Remain objective, and view the situation from their current perspective. All of them were later tested, and the participants in the first two groups showed less bias than those who were asked to remain objective. Moreover, the result was true regardless of which of the first two groups they initially fell into. The only thing that was important was that they were asked to practice affective empathy by endeavoring to identify with the experiences of Glen. In a second study, researchers showed a picture of an African-American man to a group of college students. They were asked to imagine a day in his life, and to take one of three perspectives: The perspective of the African-American man. To remain objective. From any perspective of their choosing. She simply took the students into another room and had an individual conversation with each of them. She was then asked to gauge the quality of her interaction with each participant, and talk about whether her experience could be described as an example of positive empathy. The results confirmed what the researchers had originally determined in the first experiment. The conclusion that we can draw from this set of experiments is that empathy can be taught. All that is necessary is for a participant to be instructed to put themselves into the shoes of someone else. The act of doing this yields concrete social benefits, and will affect their interactions with others for the rest of their lives. In this

experiment, the researcher segregates groups of people based upon previously unimportant characteristics. Often, the divisions are based upon eye or hair color. People in one group are made to feel superior, while people in the other group are made to feel inferior. The outcome of this particular exercise is always profound, and leaves an indelible mark on the participants. You can view a video of this experiment in action [here](#)

5 ways you can improve communication via empathetic listening. Empathetic listening is defined as a method via which you can prevent or manage disruptive or assaultive behaviors. Be present, and attend the conversation at hand. If a person has taken the time to share their personal experiences with you, honor that vulnerability by being open to their perspective. Pay attention to the speaker, their facial expressions, and their body language. Your understanding of these cues is instinctual; you simply have to allow yourself to be open to them. Your response to their emotional state is even more important than your response to the words they use, because the majority of communication is non-verbal in nature. Be quiet and patient. This is never truer than in a tense situation that involves the speaker venting over some hurt. Make sure you actually understand the issue at hand. Ask questions, attempt to clarify their meaning, and restate the message you perceive them to be communicating. To sum up those skills, you want to be present, reserve judgments, listen attentively, observe physical indicators of emotion, listen patiently, be quiet, and make efforts to communicate the fact that you are interested and engaged in the conversation at hand. Take heart in that fact that you can indeed improve your empathetic response if you so choose. What are they really trying to say, what are the effects of our hasty words on the outcome of the conversation? What can we do to improve our empathetic listening skills, and how can we model great examples of empathy to our children? Keep these questions at the forefront of your mind when interacting with others and you are sure to see the benefits.

Chapter 3 : Empathy at Work - People Skills Training From www.nxgvision.com

Empathy is simply recognizing emotions in others, and being able to "put yourself in another person's shoes" - understanding the other person's perspective and reality. To be empathic, you have to think beyond yourself and your own concerns.

Abstract Communication issues are extensively considered a topic of high interest for improving the efficacy of the therapeutic act. This article aimed to overview several issues of therapeutic communication relevant for improving quality of care. A number of 15 bibliographic resources on these topics published in peer-reviewed journals between and , and indexed in PubMed, ProQuest and EBSCO databases were examined, to seek for evidence regarding these data. Results highlight a number of communication problems commonly reported in the literature, such as the lack of physician communicational skills or their deterioration, the persistence of an asymmetric therapeutic communicational model, communication obstacles brought by the disease itself or by several variables pertaining to the patient, including specific demographic and psychological contexts. Equally, literature reports ways of improving therapeutic communication, such as optimizing the clinical interview, better time management techniques or assertiveness. Integration of communication training in the bio-psycho-social model of care and monitoring parameters like adherence and quality of life as tools reflecting also a good therapeutic communication can be valuable future approaches of obtaining better results in this area. Improving communication can lead to a number of palpable benefits [4 - 6]: Last but not least, the quality of the doctor-patient communication has a direct influence on adherence, especially in chronic conditions, where the differences brought by various treatments and caring persons are accounted for merely by the communicational level, than by the efficiency of a certain therapeutic regimen. Aim, method This paper overviews several issues of therapeutic communication relevant for improving quality of care. Results Our results are grouped around 3. Problems Communication problems are reported, conceptualized and reported typically in a different manner by the physician and the patient. Being aware of both points of view improves the chance to adopt adequate measures to improve communication efficiency. Most patients complain about two major communication flaws: In practice, this is not always the case. Some authors consider this phenomenon could be due to the increasing technical competence of more experienced physicians, who do not invest, oppositely to their younger colleagues, in communicational skills, as they do not prove so much useful anymore to fulfill the healer role. Other hypothesis is related to circumstances such as empathy fatigue, rust-out and burnout syndrome, which tend to occur as the physician goes further in a demanding and stressful career. In chronic and incurable diseases, such perceptions can influence significantly the global psychological status of the patient and quite often, the prognosis, expressed as life expectancy [9]. The asymmetrical model of care has been proven to have negative consequences on the medical performance, leading quite often to: It is more frequent in those physicians for whom listening the patient is solely an obligatory phase to check, and not a redoubtable tool to get to know the complexity of the human being in need of help and support. In fact, namely because the physician is perceived by the patient as a key figure, avoidance is not the best way to handle difficult cases, because this typically leads to lack of trust, poor adherence and eventually to a bad prognosis, later impacting, in a boomerang-like effect, on the avoidant physician himself [10]; - neglecting socio-cultural differences or approaching them in an adequate way: Theory of Reasoned Action [11 , 12] argues that norms and social motives play a key role in shaping attitudes towards the disease and behaviors related to them. For example, the patients with a low socio-economic status tend to use the medical institution more for healing than for prevention, to rely more on their entourage and sometimes to have unrealistic expectations from the physician. At their turn, physicians identify several other reasons for therapeutic communication difficulties: Patients with personality disorders are often not aware of their inadequacy and do not invest in communication, as they do not expect or want any change in their lifestyle. Projection, as defense mechanism, is common, they do not feel supported or understood and tend to react through non-adherence, latent or manifest hostility, or negative transference [13]. For example, patients from individualistic societies tend to be more focused on the interpretation of verbal messages come from the doctor. Prevention has the

advantage to maintain close to the optimum the potential of therapeutic intervention, because prevention is able to conserve or enhance trust. Possibilities of improving the therapeutic relationship Several of the ways through which the therapeutic relationship can be improved are commonly mentioned in current and past literature in the field. Optimizing the clinical interview The interview should offer the chance to the patient of perceiving support and empathy and of building emotional catharsis and trust. This can be done from the very beginning of the conversation, encouraging free expression, via open-ended questions and nonverbal positive cues. In a next phase, a more focused approach would allow going through the main complaints of the patient, however the doctor should not omit [17]: In what concerns the factual content of the interview, phrasing the questions should take into consideration several elements: This can be done using various procedures, like encouraging, paraphrasing, reflecting, resumming, or using nonverbal language e. Table 1 Interview content to be considered when dealing with a patient suffering from a psychosomatic or psychological disorder Popa-Velea et al. Reveals key individuals, able to provide support under critical circumstances. Open in a separate window A better use of time for the therapeutic relationship Various literature data show that, generally, a positive communication relationship is developed proportionally to the frequency of interaction. Many patients complain about the insufficient time spent with the doctor and of their real impossibility to entirely reveal their fears and to obtain all the necessary advice. Apparently, this problem is difficult to solve, as the doctor has a limited time for each patient, and extending it could be detrimental to another one. Still, a solution exists and it has to do with the qualitative tone of the doctor-patient interaction [18 , 19]. Assertiveness " premises of an efficient communication in the doctor-patient relationship In order to enhance the doctor-patient communication and to consolidate this relationship, with positive effects concerning the therapeutic compliance and the favorable evolution of the disease, a very useful concept is assertiveness. Assertiveness involves both openness and receptivity, within the limits of empathy. In the absence of assertiveness, negative consequences may appear, both for the physician and the patient [14] Table 2.

Chapter 4 : What-Is-Empathic-Therapy

This is a key feature of therapeutic tact and why careful listening comes first and may take considerable time before problematic motivations and constraints are interpreted. A person's observable performance and their psychological state are conceptually separate.

Writers oftentimes confuse the two words empathy and sympathy. They are usually used in similar contexts, a death in the family, a job loss, a robbery, etc. So in order to keep our writing precise, we should be careful not to mix either of them up. Today I want to illustrate the differences between empathy vs. sympathy. A tornado once destroyed my house. Having been late to work many times himself, the boss had empathy on the employee who was late. In the example above, the boss, having been late to work himself, had empathy for and understood why the employee was late for work. Empathy is the newer of the two words, with its first use recorded in 1851. Sympathy, on the other hand, has a first recorded use in the late 17th century. Their sympathy for the victims led them to donate. So you can clearly see the difference between the two words. You may feel bad for the person who was just laid off from their job, but if you have never been laid off yourself, you cannot have empathy for him or her. Sympathize This same thought process underlines the two verb forms of empathy and sympathy, empathize and sympathize. Empathize denotes a stronger, more personal sense of shared feeling than does sympathize. You can share or even understand the pain someone is going through without going through it yourself. It is much more personal and specific than sympathy. To give another example, I may sympathize with the person whose house was just burglarized because I can understand how vulnerable it must make one feel, but I cannot have empathy because my house has never been robbed. Remember the Difference Here are two tricks to remember which of these words is which: Summary The two words sympathy vs. Empathy is more specific and personal than sympathy. It involves personally putting yourself in that persons shoes and knowing what they are going through.

Chapter 5 : Issues of therapeutic communication relevant for improving quality of care

Although there is a great deal of evidence that shows how empathy and attunement are among the most demonstrably effective elements of the therapeutic relationship (Cooper,), they are elusive processes and hard to describe.

When we empathically attune to another we gently tune into, sense, and resonate with their experience. Think of two violins in a room: Although there is a great deal of evidence that shows how empathy and attunement are among the most demonstrably effective elements of the therapeutic relationship Cooper, , they are elusive processes and hard to describe. Different theorists define them in different ways: Carl Rogers , p. Fundamentally, empathy is an embodied relational process. Am I picking that up right? Empathy requires a shift in perspective. When deep empathy is engaged it is akin to a kind of receiving which is an embodied lived experience of itself. At the same time, we need to be sufficiently self-aware to hold on to our own presence and identity. For instance, I will try to be aware of my own bodily sensations like having a clenched, tight ball in my abdomen. Or does it belong to my client? Could it be that my body is vibrating to something occurring between? In this mode of embodied empathy, Cooper , p. When we attune to a client we are brought into harmony with them; we adjust to them in sympathetic, synchronous relationship. Successful attunement is seen in the way a mother mirrors and enables as she joins with her baby. She matches her child, for example, when the infant is expressing joy, distress or need. The concept of empathic attunement holds both concepts together. For instance, Greenberg, Rice and Elliot , p. Erskine, Moursund and Trautmann make a similar argument: Effective therapy depends on attunement, with empathy as the foundation. They offer a comprehensive description of how the multi-layered ways in which therapists use this empathic attunement, as including: Affective attunement “ Here the therapist responds at three levels: For example, if the client is a slow thinker, then the therapist will adapt and similarly go more slowly; if a client is quite regressed, the therapist will speak more simply. Of course we inevitably move in, out and through different intensities of closeness and distance. It is not uncommon to feel a little distant and not well tuned in at one moment and then suddenly the distance can dissolve as we open to the client or perhaps following the discovery of some shared experience. To empathically attune at a deep perhaps embodied level, we are called on to let ourselves go into the process; to release our own Being in order to Be-with in the moment. At this point we are open to the other and to being touched by them. It means welcoming whatever becomes figural in the moment. But this is a process of embodied intertwining, is not a merging: This respects the otherness of the Other. Tuning in to the Other and to me, I also tune in to the between. It is as if I am listening intently and with all of me for a tune that is all of us me, other and us. I listen to the tune being sung by the Other. I try and connect with the deeper song “ the song of contact, meeting, connectedness, longing. Even when hidden beneath the negative or closed and cut off, I strain gently to listen to the quiet hum of faith buried beneath the weight of the life of the Other. The weight that I also know and have known “ that we all know “ of joy and sorrow and hope and despair“ It feels like being grounded in a repose of lightness that is yet full and deep and open and present with myself and the Other in a spirit of acceptance and compassion. A Therapy of Contact-in-Relationship. Numerous online YouTube resources show instructive mother-baby interactions:

Chapter 6 : All about Empathy: Definitions of Empathy

The word sympathize is years empathy's senior with this meaning. You can share or even understand the pain someone is going through without going through it yourself. Empathy, and by extension empathize, is the power of projecting one's personality into (and so fully comprehending) the object of contemplation.

Short takes on the qualities that make us human: Monday, August 5, Intentional Action, Empathy, and Psychotherapy Intentionality and its observed manifestation as intentional action are central concepts in psychology. In the realms of cognitive neuroscience, psychoanalysis, the practices of cognitive and behavior therapy, and various humanistic approaches to psychology, everybody talks about intentionality but often without clarity or agreement on meaning. This is a common problem in psychology. It is particularly useful when comparing and coordinating different theories in the behavioral sciences. The existing theories pay attention to certain aspects or parameters of Intentional Action while underplaying or ignoring others. Intentional Action is the general case of purposeful, goal directed activity and is a common feature of all behavior. In Cognizant Action people know they are engaged in some sort of an Intentional Action. This will be represented by the small diamond above the Knows parameter. This will be represented by multiple small diamonds above the Knows parameter. Here are the parameters of Behavior as Intentional Action. For some descriptions of behavior, we might not need the full set. D The larger blue diamond notations are a shorthand that represent an Intentional Action without commitment to the Identity of the actor, the Significance of the act, and the Personal Characteristics that the act reflects. The parameters are pre-empirical. They refer to distinctions that locate the "empirical data" but are not themselves a discovery in nature. They are akin to the "X" and "Y" axis of plane geometry. The parameters provide the framework for organizing the empirical data. Finding the specific content of the parameters requires observation. The parameters remind us what to look for. They could just as well serve as reminders for understanding any other activity that requires an adequate map of behavior. Perhaps the most general answer to the question of why someone does something is answered in reference to some state of affairs that the person wants to bring about. Wants refer to the motivations or values that are involved in how people appraise their opportunities and dilemmas given what they see as their options in any given circumstance. Although the paradigm case of human behavior involves a cognizant person knowing their values and being able to deliberate, i. Distortions in reality may be a part of transforming the intolerable or unthinkable into the more manageable. Motivations and opportunities that create reluctance or unconscious defense require empathic tact to be explored. The therapeutic relationship has to be safe. Even when known, people might not be in a position to articulate what they want. It is important to keep this in mind since insistence when attributing motivation, especially when there is disagreement or discomfort, tends to disrupt the safety of a relationship and may foreclose on exploring and appreciating the complexity of the situation. There is often disagreement, and people are sometimes reluctant to acknowledge what they know to be the case. What a person wants is often simple, clear and easy to say. People often sense their complexity even if they are not able or ready to talk about it, and this is frequently the case when they feel they are not understood. They may have reason to expect misunderstanding. Ossorio indicated that there are four classifications of intrinsic or fundamental motivation: There may be more. They intrinsically provide reason enough to do something. They stand on their own. These reasons for action can conflict, operate in a complementary or independent fashion, and so on. If you have two or more of these reasons to do something, you have more reason than if you only had one. Hedonics refers to pleasure, prudence to self-interest, aesthetics to values of truth, rigor, objectivity, beauty, closure or fit, and ethics with concerns of right and wrong, of fairness and justice. Hedonic and prudent motivations can operate consciously, pre-consciously or unconsciously. Aesthetic and ethical motivations require the actor is eligible to choose or refrain from an action, to potentially deliberate about a desirable course to follow. Not doing a pleasurable act because of utter coercion, overwhelming guilt, or unconscious taboo may appear to be an ethical performance, but if the actor had no choice, their performance was not one of renouncing pleasure or self-interest but of forced constraint. It might be a mistake to point this out. Without enough shared history, it is hard to judge how a critical

observation will be tolerated. This is a key feature of therapeutic tact and why careful listening comes first and may take considerable time before problematic motivations and constraints are interpreted. What a person wants is often not a simple matter. An empathic appreciation is respectful of this. The empathic therapist waits until it is safe enough to suggest otherwise. Along with the basic question of why a person does something comes the question of why they are doing it now. The answer will always be some version of their recognition, correct or not, that the current circumstance provides an opportunity to do something they now want to do. Action requires a correspondence between motive and opportunity. The Knows parameter contains the range of concepts, facts, and distinctions a person has available and employs in a given situation. Knowledge is relevant to the extent that it involves recognitions that can be acted on, differences that make a difference in behavior. As a rule of thumb, people tend to notice what they value, including what they want to avoid. People can also act on distinctions and not be cognizant of making those distinctions, just as people might not recognize an opportunity when it stares them in the face. A person might be wrong about what they know and this will have consequences especially if they believe they are competent or eligible in ways they are not. Knowledge can be clear or unclear, certain or uncertain, serviceable or unserviceable. Cognizant recognition of choice is an aspect of Deliberate Action, and is a conceptual requirement for an ethical perspective to be employed or considered. The recognition of choice or option, including the potential to renounce a choice, serves as one of the ordinary standards for accountability. Significant negligence of ethical consideration with attendant action or inaction is central to most formulations of criminality and tort see, e. The eligibility for certain recognitions and choices has a learning history. The empathic actor knows this about the other. Given where and how someone has grown up, what can they be expected to know? What we expect people to know will be influenced both by shared cultural expectations and by an appreciation of the idiosyncratic. Even though membership in a culture involves knowing standard choice principles, we should be careful what we presume. If a situation would ordinarily call for a person to do something, if they lack the relevant knowledge or values or competence, they will do something else instead. A person can only act on the values, concepts and skills they have available unless their performance is coerced or they get lucky. An action is always an expression of a particular skill, competence, or know-how if it is something a person can expect to perform non-accidentally. Competence is acquired through having a prior capacity and the appropriate practice and experience. Not everyone has the needed prior capacity, practice and experience to develop the competencies a community might take for granted. And some people are more talented than others in acquiring or exceeding the expected skills. Their performance can look like magic Putman, Having the relevant know-how means that a person can perform an action in a variety of ways with the expected outcome that the actor achieves what is intended. Think of driving a car or dancing with a friend or throwing a fastball high inside at ninety-five miles an hour. Drivers, dancers and professional pitchers have their expected know-how acquired by having the prior capacity and sufficient practice and experience. Behavior going wrong calls for an explanation once adequate competence has been achieved; behavior going right requires no explanation. Akin to what some call procedural memory, once competence is acquired, people are rarely self-conscious of each move necessary in the performance of a task. We tend to be more self-conscious when we believe, correctly or not, that we lack the competence to act in the manner a situation demands. The absence of self-recognized competence may turn what would be opportunity into threat, manageable hazard into feared danger. It is unsurprising when worry, anxiety or panic are features of a situation when a person believes they lack the relevant competence to handle a problematic or even desired state of affairs. This is why the Know-How parameter is of special relevance to what a person can tolerate Schwartz Defensively, we are only somewhat able to tolerate how we are seen or what we consciously know. Defenses may be automatically applied even when a person has outgrown their serviceability. The empathic clinician keeps this in mind. Successful confrontation that a person can do more than they claim follows a careful gathering of evidence. Psychotherapy is often an exercise in acquiring the competence to sit still and experiment with thought and emotional response. Empathy is a major aspect of making it safe enough to sit still and practice confronting what might otherwise be unthinkable or intolerable. Patience and practice are required. This is the love in the work. It is, so to speak, what they are up to. Behavior is organized by its significance and implemented by the

particular practices a person engages in. I also keep in mind that they may not appreciate what I see as the significance of their behavior, regardless of how compelling the evidence. I to Thou involves being clear that mystery and uncertainty remains. In appreciating and acknowledging the significance of an action, especially when that acknowledgment involves interpretation, all the dilemmas of attempting to make the unconscious conscious, all of the problems of attempting to get someone in touch with what they are reluctant to see, come into play. Therapeutically, confronting someone while they are defensive requires tact. Tact requires empathy; it requires an empathic appreciation that a person at any given time can tolerate only so much. People have to cope with how they are seen and this comes into play during psychotherapy. Being seen in ways that a person might be reluctant to acknowledge is akin to the vulnerability that attends intimacy. A baseball player, a pitcher, regularly throws a fastball high inside at ninety-five miles an hour.

Chapter 7 : Empathy vs. Sympathy: What's the Difference? - Writing Explained

Empathy has been called "the building block of morality. This relates directly back to the Golden Rule, or the ethic of reciprocity. This rule can be explained from many different perspectives, and in all cases it is defined in one of the following ways.

Chapter 8 : - NLM Catalog Result

iii abstract empathy and the therapeutic alliance: their relationship to each other and to outcome in cognitive-behavioral therapy for generalized anxiety.

Chapter 9 : Empathy Examples That will Teach you the Importance of Empathy

Their distress was enhanced following empathy training—greater activation in their empathy circuitry, higher negative emotion ratings, and lower positive emotion ratings.