

Functions and Mechanisms of Empathy in Counseling: The Empathic Relationship between Counselor and Client Assessed on Personal Criteria

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An innovative empathy criteria was formulated considering four factors related to the empathic experience of positive or negative feelings, such as "positive feelings shared dysfunctional experience," "positive feelings shared experience," "negative feelings shared experience," and "negative feeling shared dysfunctional experience." To examine the empathic aspects, particularly the emotional categories (positive and negative feelings), which are considered by counselors as the bases for judging their clients' empathic profile, the relations among the evaluation results assessed by counselors in clinical practice and those by clients' self-assessment were examined using the newly developed empathy lower criteria score. As a result, a possibility was suggested that, when counselors judge their clients' empathy through interview, they tend to emphasize the aspect of their positive feelings shared experience as a major judging basis, (besides negative feelings shared dysfunctional experience). These data were helpful in providing useful results to understand the clients' empathic profile.

key words: empathy in counseling, counselors' judgment, clients' self-assessment

INTRODUCTION

Empathy has been understood in manifold ways in the field of psychology. Empathy comprises both cognitive and emotional factors, and recent studies have indicated a trend towards this integrated understanding (Hoffman, 1982; Davis, 1980, 1983; etc.). Methodologies to measure the complex mental phenomenon of empathy on a concrete scale are important for psychological studies. There are generally two stances regarding this issue. First, empathy is recognized objectively as the experience of others. Using this definition, empathy is regarded as a personality characteristic, which is commonly denoted as "emotive sharing." Second, researchers or psychotherapists deal with empathy as their personal experience. This does not necessarily denote "emotive sharing," but an "empathy" that is treated as

the therapists' experience based on their introspective viewpoints. Furthermore, "empathy" is thought to include two aspects, 1) the experience itself and, 2) the so-called "empathic understanding," which is the examining or absorbing of the experience.

We recognize whether or not we can empathize with others' feelings as a sensitive image in the interpersonal relationship. This recognition seems to make the concept of empathy ambiguous. In this study, sympathizing with the feelings of others is defined as "sharing of emotion," while not sympathizing with the feeling of others as "insufficient sharing of emotion."

Focusing on sharing and insufficient sharing may lead to differentiating between these two circumstances. One can ask the following questions: Do I, as a counselor or a therapist, often have an empathic experience when interviewing any client? In

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which process of interviewing a client, do I often have empathy? Is there a specific subject that makes me respond to my client with empathy? Answering these questions and clarifying specific details will enable us to enhance empathy.

For these reasons, we systematize "empathy" from the viewpoint of "sharing of emotion" and consider this advantageous in understanding "empathy."

Issues and objectives

Various approaches have hitherto been adopted to analyze the process of psychotherapeutic interviewing in a conventional clinical practice of counseling or play therapy. However, it has not yet been clarified how clients' empathy can be recognized by counselors in their actual practice. The present study has been conducted to objectively verify empathy in the relationship between counselors and clients in clinical practice based on statistic examinations. The current study considers various aspects of empathy, considered as a basis for judgment by counselors in interviewing, in order to assess the extent of their empathy for their clients. To achieve such an aim, an empathy criteria score has been used.

Kakuta (1994) assessed empathy by establishing a criteria definition and extracting two factors. These two factors are the "shared experience factor" and "shared dysfunctional experience factor." He categorized empathy into four combinations with high and low values of the two lower criteria (i.e., the highs and lows of the value derived from the shared experience of others' emotions and those of shared dysfunctional experience of others' feelings). Here, negative and positive feelings are considered one emotional category. However, Ninomiya et al. (1995) compared the difference between empathy in pleasure or in sorrow and found that there were considerable differences in empathy development between those categories. Consequently, empathy may differ depending on whether it relates to positive or negative feelings. Therefore, a formula-

tion of empathy criteria becomes necessary whenever positive or negative empathic feelings are considered separately. Here, empathy is identified as "the vicarious experience or the sharing of others' feelings depending on emotional categories originating from the acknowledgement of self-individuality and plural individualities." Thus, empathy is recognized as the vicarious or shared experience of others' feelings, which is likely consistent with, but not entirely identical to, other's emotions. Separating emotional from cognitive aspects and clarifying their interrelationship reveals the intrinsic empathy attribute. This is not the cognitive process of comprehending others' emotions, but the empathic difference depending on emotional categories. In the present study, we have tried to improve on Kakuta's (1994) work to formulate innovative empathy criteria by examining the empathic relationship assessed by counselors or clients.

Formulation of empathy criteria

A questionnaire comprising 30 items related to empathy was designed based on the question-answer technique. This was obtained and selected from a preliminary survey. Using this questionnaire, we conducted a test targeting junior high school, high school and college students. 870 completed questionnaires without any missing data were obtained. A factor-analysis (primary component analysis with promax rotation) was conducted using these data, and the number of relevant factors was determined based on the transition in eigenvalue and on high probability of factor interpretation. Next, a factor score was determined from the average value of raw scores of the items used for the interpretation of individual factors. For 223 of 870 students analyzed, the second test was conducted four weeks after the first test. We calculated the correlation coefficient between the factor scores that were obtained from the results of the first test and those obtained from the second test. Accordingly, the four factors showed the following results: 1st factor $r=0.513$ ($p<$

Table 1 The results of factor analysis (Principal component factor analysis followed by Promax Rotation)

	Items	Factor loading			
		F1	F2	F3	F4
F1	I have experienced not feeling the feeling of another person who said he/she was feeling generous.	.80	.12	-.09	.04
	I have experienced not feeling the satisfaction of another person who said he/she was satisfied with something.	.80	.05	-.04	-.01
	I have experienced not feeling the delight of another person who was delighted at something.	.76	-.08	.01	-.17
	I have experienced not feeling the feeling of another person who said he/she was feeling active.	.73	-.02	.04	.05
	I have experienced not feeling the feeling of another person who said "I was so surprised because..."	.72	-.03	-.04	.02
	I have experienced not feeling the expectation of another person who was expecting something.	.70	-.09	.15	.14
	I have experienced not feeling the excitement of another person who was excited at something.	.68	-.10	.08	.14
F2	I have experienced trying to feel the feeling of another person who said "I was so surprised because..." and feeling the same way.	.05	.85	-.10	-.05
	I have experienced feeling the surprise of another person who said he/she was surprised at something.	.04	.82	-.10	-.11
	I have experienced feeling the delight of another person who was delighted at something, and feeling happy.	.00	.81	-.01	.04
	I have experienced feeling the expectation of another person who was expecting something.	-.04	.76	.00	.04
	I have experienced feeling the excitement of another person who was excited at something.	-.10	.70	.09	.12
	I have experienced feeling the satisfaction of another person who said he/she was satisfied with something.	-.19	.55	.23	.11
F3	I have experienced trying to feel the feeling of another person who was tired from something, and feeling the same way.	-.09	-.24	.82	.10
	I have experienced trying to feel the feeling of another person who was bored with something, and feeling the same way.	-.05	-.20	.75	.04
	I have experienced trying to feel the feeling of another person who was shy of doing something, and feeling the same way.	-.09	.04	.68	.14
	I have experienced trying to feel the feeling of another person who was feeling lonely, and feeling the same way.	.06	.13	.63	-.04
	I have experienced trying to feel the feeling of another person who was disappointed at something, and feeling the same way.	.10	.20	.58	-.11
	I have experienced feeling the jealousy of another person who was jealous of something.	.00	.26	.49	.01
F4	I have experienced not understanding the loneliness of another person who said he/she was feeling lonely.	-.07	-.04	.02	.86
	I have experienced not understanding the jealousy of another person who said he/she was jealous of something.	-.02	.00	.00	.81
	I have experienced not understanding the disappointment of another person who said he/she was disappointed at something.	.09	.03	.04	.75
	I have experienced not understanding the boredom of another person who was bored with something.	.09	.04	.03	.67
	I have experienced not feeling the sense of inferiority of another person who was unable to do something.	.21	.11	-.24	.51
F1 correlation			-.26	-.15	.49
F2 correlation				.48	-.16
F3 correlation					-.26
α		.89	.88	.83	.82

F1 (the first factor): positive feelings shared dysfunctional experience.

F2 (the second factor): positive feelings shared experience.

F3 (the third factor): negative feelings shared experience.

F4 (the fourth factor): negative feelings shared dysfunctional experience.

0.001); 2nd factor $r=0.646$ ($p<0.001$); 3rd factor $r=0.529$ ($p<0.001$); 4th factor $r=0.04$ ($p<0.001$). The correlation was expressed by the level exceeding $r=0.04$ ($p<0.001$), and was significant at 0.1% with respect to all the lower criteria scores confirming the stability of the four factors.

Based on the results of factor analysis, it was considered appropriate to adopt a four-factor solution. Among the 30 questions related to empathy, four had a great impact on more than two factors. Therefore, these items were excluded, and another factor analysis was conducted using the data of the remaining 26 items. As a result, it was also considered appropriate to adopt a four-factor solution (Table 1).

The first factor includes the item reflecting "the experienced incapacity of sharing others' positive feelings," such as "I am not able to sympathize with others' pleasant emotions when they are feeling happy." We called this the "positive feelings shared dysfunctional experience factor." The second includes the item reflecting "the experienced capacity of sharing others' positive feelings," such as "I am able to show satisfaction when they are feeling satisfied," and we called it the "positive feelings shared experience factor." The third includes the item reflecting "the experienced capacity of sharing others' negative feelings," such as "I am able to sympathize with others' sorrowful emotions when they are suffering," and we called this the "negative feelings shared experience factor." The fourth includes the item reflecting "the experienced incapacity of sharing others' negative feelings," such as "I am not able to feel disappointment when they are embittered." We called this the "negative feelings shared dysfunctional experience factor."

The empathic sharing factor structure may be different in males and females. Thus, we conducted a separate factor analysis for males and females. As a result, we adopted a four-factor solution, which yielded almost the same matrix pattern in males and females. These findings established that

there was no gender difference in empathy factor structure; therefore, analyses were conducted hereafter without separating males and females.

For each of the four factors, the α -coefficient was determined to yield a value exceeding 0.8; thus, the inner coherence of the four factors was confirmed (Table 1). Furthermore, by re-examining this factor after four weeks, a correlation coefficient was determined. For each of the four-factor-scores, the stability of the four factors needed to be confirmed in order to yield a value of $r=0.4$ ($p<0.001$) or more. In addition, the validity of other criteria was examined (Hashimoto and Shiomi, 2002a). These examinations confirmed the reliability and validity of the four-factor scores. [These four factors, termed empathic components, were set as empathy lower criteria, which are composed of four items showing consistency with the four factors through a correlation coefficient of 0.4 or more, and the average value of every lower criteria item was determined as an empathy lower criteria score.

The present study has examined the empathic relationship between counselor and client as assessed on their personal criteria using the newly formulated four-factor empathy lower criteria score.

METHOD

Study subjects: 35 female students in A prefecture

Study period: July 2000 to January 2001

Study items:

①35 Students (hereafter denoted as clients)

Empathy questionnaire: An answering format proposing five ranked responses from "I always find myself in such a situation" to "I never find myself in such a situation."

②Two psychology teachers (hereafter denoted as counselors)

Empathy evaluation sheet with seven rankings: An evaluation format proposing seven ranked responses, "highest," "considerably high," "slightly high," "interme-

diate," "slightly low," "considerably low," and "lowest."

During the interview, counselors tell clients about episodes related to the four factors: 1) positive feelings/shared dysfunctional experience, 2) positive feelings shared experience, 3) negative feelings shared experience, and 4) negative feelings/shared dysfunctional experience. They then note the overall judgment scores by assessing the client's responses, such as word choice, gestures, and facial expressions during the narration of the story. Evaluation sheet blanks are filled in with observations noticed during the interview. The evaluation criteria (Ikemi, 1995) of Gendlin's (1972) experience process scale (EXP-scale) were referenced.

(1) Implementation methods

The empathy questionnaires were given to 136 students in three classes, under the pretext of a knowledge survey. They were asked to complete the questionnaire during the lesson. After the lesson, they were asked to volunteer to participate in an interview. Up to five interviews were conducted individually after school hours. Two psychology counselors, including the author of this paper, were in charge of the test. 35 individual interviews were conducted independently by the two counselors in separate interview rooms, and the score average values evaluated by the two counselors were used as analysis data. Immediately after the interview, the counselors scored the seven

ranked responses evaluation sheet. When substantial assessment time was required, the evaluation was completed within the day of the interview by referring to the evaluation sheet memorandum.

(2) Re-examination

A re-examination test was conducted on the same 35 subjects using the empathy questionnaire or empathy evaluation sheet six months after the first test.

RESULTS

(1) Relationship between evaluation values of counselors and clients' self-assessment

The average values and standard deviations of the evaluation results are shown in Table 2. These results were obtained from counselors based on the seven ranked responses empathy evaluation sheet and by the clients' self-assessment based on the empathy questionnaire. Table 3 and Fig. 1 show the results of a stepwise multiple linear regression analysis where, immediately after an interview, the individual evaluation values assessed by counselors were set as the objective variable. The lower criteria score calculated from the empathy criterion individually assessed by the clients before an interview were set as the explanatory variable.

The analytical results showed a significantly positive recurrence of the lower criteria score obtained from a shared posi-

Table 2 Average values and *SD* of the relations among four empathy lower criteria scores of clients' self-assessment and counselors' evaluation

	Average values	Standard deviation	<i>n</i>
Empathy lower criteria scores of clients' self-assessment (F1)	3.11	0.68	35
Empathy lower criteria scores of clients' self-assessment (F2)	3.77	0.71	35
Empathy lower criteria scores of clients' self-assessment (F3)	3.49	0.66	35
Empathy lower criteria scores of clients' self-assessment (F4)	2.94	0.88	35
3 ranked responses from empathy scores of counselors' evaluation	1.82	0.82	35

SD: standard deviation.

F1 (the first factor): positive feelings shared dysfunctional experience.

F2 (the second factor): positive feelings shared experience.

F3 (the third factor): negative feelings shared experience.

F4 (the fourth factor): negative feelings shared dysfunctional experience.

tive feeling experience, while the lower criteria score obtained from a shared negative feelings dysfunctional experience exhibited a trend of negative recurrence.¹⁾ This suggests that when counselors judge the extent of their clients' empathy, they tend to emphasize the aspect of their clients' positive

feelings shared experience as a major judging basis. This is in addition to the negative feelings shared dysfunctional experience.

(2) Reliability examination by reinvestigation

The lower criteria score is calculated from the values obtained through clients' empathy criteria self-assessment. If this score is unstable, these results have little significance. Therefore, to confirm the stability of the lower criteria score, a similar investigation was conducted on the same 35 clients after an interval of six months and, while calculating the four lower criteria scores, correlations were examined between the val-

Table 3 Results of multiple linear regression analysis of emotive sharing assessed by counselors as objective variable

Explanatory variable	Standard deviation recurrence coefficients	Correlation to objective variable
F1: the first factor		-.36*
F2: the second factor	.38*	.43**
F3: the third factor		.36*
F4: the fourth factor	-.27 ⁺	-.35*
R^2	.26**	

** : $p < .01$ * : $p < .05$ ⁺ : $p < .1$.

Sole demonstration of standard deviation recurrence coefficients of objective variables employed in the stepwise method.

F1: positive feelings shared dysfunctional experience.

F2: positive feelings shared experience.

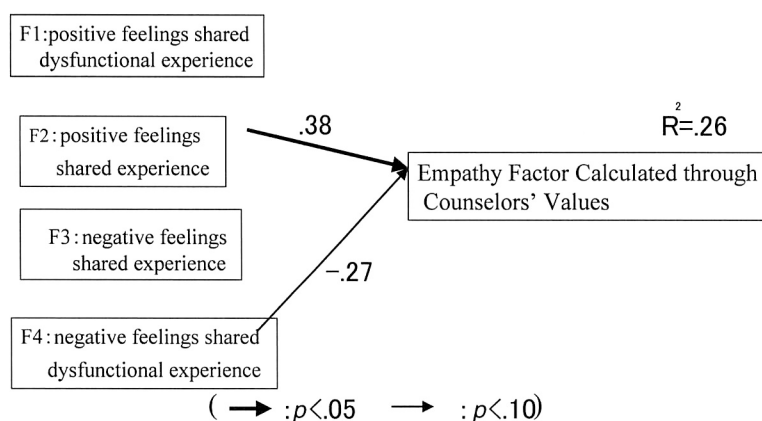
F3: negative feelings shared experience.

F4: negative feelings shared dysfunctional experience.

Table 4 Correlation among lower criterion scores assessed through evaluations in two time points

Factor	Correlation coefficient
F1: positive feelings shared dysfunctional experience	.75 ***
F2: positive feelings shared experience	.83 ***
F3: negative feelings shared experience	.81 ***
F4: negative feelings shared dysfunctional experience	.90 ***

*** : $p < .001$.



※ Sole Demonstration of Standard Deviation Recurrence Coefficients of Objective Variables Employed in the Stepwise Method

Figure 1 Pass graph showing relations among every empathy factor criteria calculated through self-assessment and counselors' values

1) For the statistic analyses, the SPSS statistical software was used.

ues obtained before and after the six month period (Table 4). A significant correlation was found in all four factors. This finding suggests that each empathy lower criteria score obtained by clients may be relatively stable. Therefore, it is possible that each empathic aspect examined in the present study may reflect stable empathic characteristics of the individuals.

DISCUSSION

In the present study using the newly formulated empathy criteria, we investigated the empathic aspects attending to the emotional categories (positive and negative feelings), which are considered as the bases for counselors' judgment in assessing their clients' empathy. The relationship among results of the assessment of clients' empathy between those assessed by counselors and those assessed by the clients themselves was examined using the newly formatted empathy evaluation sheet and questionnaire.

As a result, it is possible that counselors, besides the aspect of negative feelings shared dysfunctional experience, tended to emphasize their clients' positive feelings shared experience as a major judging basis to assess their emotive sharing in the interview process.

The empathic experience eventually shared at a synergistic level in the therapeutic relationship may be included as a judging basis during the interview conducted by counselors to assess their clients' empathy in psychotherapy. Therefore, the results of empathic assessment by counselors, as indicated in the present study, suggest that empathy may be verified in clinical practice by using the presently formulated empathy criteria.

CONCLUSION

In the present study, we initially tried to establish an empathy criteria in which differences in the emotional categories can be assessed. We then formulated a new empathy criteria consisting of four factors, including positive feelings shared dysfunction-

al experience, positive feelings shared experience, negative feelings shared experience and negative feelings shared dysfunctional experience.

Next, using the new criteria, we examined empathy factors, particularly the emotional categories (positive and negative feelings), which counselors tend to use as a basis for assessing their clients' empathy in the psychotherapy interview process. As a result, it was suggested that counselors tended to emphasize their clients' empathic experience as a major judging basis to assess the extent of their emotive sharing in the interview process.

More concretely, counselors and clients empathy in clinical psychology was assessed using the newly formulated empathy criteria. The relation among results of the empathic assessment by counselors and those assessed by clients themselves was then examined using the empathy criteria score. As a result, it is possible that counselors, besides the aspect of negative feelings shared dysfunctional experience, tended to emphasize the aspect of their clients' positive feelings shared experience as a major judging basis to assess their emotive sharing in the interview process.

During an interview conducted by counselors assessing empathy in psychotherapy, the empathic experience that originated from the synergy in the relationships between the counselors and clients may be considered a judging basis. Therefore, as indicated in the present study, the results of empathic assessment by counselors suggest that empathy may be verified in clinical practice by using the presently formulated empathy criteria.

These examinations provide valuable viewpoints, and are useful in comprehending emotive sharing in clinical practice. They are suggested in helping investigate therapeutic relations or the therapeutic processes.

Since most subjects of the present study were common and average students, our future work will require further investigation

with subjects who may be psychotherapeutic patients. Furthermore, in the counseling interview process to assess emotive sharing in clinical psychotherapy, it is possible that empathic experience originating from the synergy occurring in the relationship between counselors and clients may be considered a judging basis. Therefore, in the future we will investigate further and verify the cases in actual psychotherapy and counseling.

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