Strategies for Working With Couples with Low Empathy

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Empathy is a powerful force in relationships, forming the "basis of all human interaction" (Duan & Hill, 1996). Empathy involves a sensitive capacity and readiness to understand another person's thoughts, feelings, and struggles through that person's perspective. Empathetic responders project themselves into another person's frame of reference, remaining privy to that person's momentary, evolving meanings (Greenberg, Watson, Elliot, & Bohart, 2001). This perspective taking requires sincerity, as the empathetic individual allows himself or herself to be transformed by the other person's subjective world through understanding, imitating, and experiencing similar memories, associations, and affect. It is a shared process of listening and responding, suspending usual biases, inquiring from within, and appreciating the unforeseen (Giblin 1996). It is also a disposition or trait that is distinguished by a sense of openness, curiosity, humility, and elasticity. Essentially, it is a cognitive, affective, inventive, skill-based attitude that is vital to true understanding and communication in a relationship (Giblin 1996).

Marital Relationship and Empathy

Empathy is extremely important in the marital context, as perspective taking has been found to significantly contribute to marital adjustment. It is important that the therapist adjust his or her view of the therapeutic alliance to fit the couple system (Giblin, 1996). Hypothesizing in the team context, avoiding premature closure, and using circularity questions to reveal interconnectedness are helpful ways to do this. The therapist should keep in mind a spirit of neutrality and positive connotation, such that positively reinforcing one partner does not negatively reinforce the other partner (Giblin, 1996).

Obstacles to Empathy

Some obstacles to empathy responsiveness include, but are not limited to confusing sympathy with empathy, a desire to share own perspective over listening, failure to preclude judgment, and reluctance to experience emotions and meaning that are different or discordant with one's own (Giblin,1996). The therapist should seek to educate low-empathy partners about empathy, promote active listening and reflection, help identify judgmental processes, and create a safe environment for exploration of discordant emotions. Extreme gender role socialization can also preclude accuracy in empathic responding (Giblin, 1996).

People have to understand who they are, what they are a part of, and what belongs to them before they are able to differentiate their own projections and expectations from another person's. Even so, people come to self-knowledge through their interactions with others. One aspect of empathy is trait empathy, conceived as an innate or developed ability to perceive the inner experience or feelings of another person (Duan & Hill 1996). For naturally low-empathy individuals, a good deal of training may be necessary for developing empathy. Additionally, empathy is an interpersonal process of sequential experiences that involves situation-specific cognitive affective states (Duan & Hill, 1996). This implies that empathy enhancement in low-empathy individuals involves an intellectual and emotional step-by-step building process that encourages context sensitivity. The therapist should foster and encourage psychological mindedness, curiosity, and safety in the couple's interpersonal relations (Maj et al., 2005).

Empathy Building Interventions

Empathy building starts with differentiating the emotional, cognitive, attachment, and developmental origins of empathic dysfunction. Through schema-focused therapy, the therapist can help these individuals explore and identify pathological states and behaviors, like stressors, failures, and losses that challenge transference (Maj et al., 2005). The goal is to correct structural deficits through focusing on the toleration issues that arise from challenging subjective perspectives and self-esteem. The therapist should emphasize exploring interpersonal interactions and educate about the process of psychic change (Maj et al., 2005). The low-empathy individual can benefit from hearing about how his or her behavior ineffectively projects fragile self-esteem. The therapist should seek to foster a sense of competence, specifically related to emotional identification and projection in order to counteract defensiveness, emotional deprivation and superiority schemas (Maj et al).

The therapist can assist the development of empathy in low-empathy individuals by helping them symbolize their experiences through words, while simultaneously tracking their emotional responses (Greenberg et al., 2001). This is based on the assumption that the individual must first be able to identify their own emotional experiences before being able to identify others'. The therapist should have the low-empathy individual check in and express their related feelings after each content-filled statement, while the partner observes. The intervention starts with speaking and works towards thinking patterns and eventually perspective taking (Synder, 1994). This helps to deepen the low-empathy individual's experience and increase internal awareness and association of certain feelings with those experiences. It helps the individual focus on what is not said, creating a periphery of awareness. This can serve as a working basis for the identification of and association with partner experiences and related emotions (Greenberg et al.).

Low-empathy individuals should learn and practice active and reflective listening with their partners. Role reversal can help individuals develop empathic listening. They can learn to express themselves through speaking subjectively and specifically, honestly owning their feelings and desires, and looking for the positive (Giblin, 1996). The therapist should educate the couple on the common barriers to communication, such as comparing oneself to the speaker, mind-reading, planning, filtering, judging, daydreaming, and viewing conversation as an intellectual debate (Life Skills Training, 2005). The therapist can then guide the couple in discussion and problem-solving skills, working towards an empathetic dialogue. One partner shares a personally significant story. The low-empathy partner then retells the story aiming to accurately capture thoughts, feelings, and meaning (Giblin, 1996).

Speaking intentionally and present-mindedly as though one's partner is the other partner is an important part of empathy building (Giblin, 1996). The therapist can step in to explain, demonstrate, or guide as needed. The goal is for the low-empathy person to develop an awareness and appreciation that his or her view is only one view out of many world views (Giblin, 1996). The therapist should emphasize that accuracy of understanding should never be assumed. Empathy depends on the ability of partners to check in with each other to see if each other is truly feeling understood. Role reversal is also particularly useful in the context of exploring the painful elements of each partner's history as they relate to current marital interactions (Giblin, 1994). The end goal is projective identification (Maj et al., 2005).

Attribution is an important piece of perspective taking in empathic responding. Evidence exists that individuals make more situational attributions when cognitive awareness of another person's inner state is expected. Therefore, the therapist should foster this expectation with the low-empathy individual in order to increase perspective taking through causal attribution (Duan & Hill, 1996). The therapist can then guide the low-empathy individual through matching his or her own perceptions of partner thoughts and feelings with the partner's reported thoughts and feelings. This may involve a directive

step-by-step proximal reaching towards an understanding of the partner's thoughts and feelings. The full process progresses from the low-empathy individual's accurate perception of his or her partner's reaction to the intended communication of empathy to the level of empathy that the receiving partner actually senses (Duan & Hill, 1996). There is also a careful progression of topics from non-relationship issues to positive feelings around shared activities to conflicts. The therapist should be aware that the low-empathy individual will most likely do well as long as he or she does not feel personally vulnerable; therefore, the goal should be to increase confidence and skills related to empathic responding on the part of the low-empathy partner (Snyder, 1994).

As the therapist strives to facilitate empathic responsiveness in the couple, he or she can encourage, model, and reinforce responses that add or carry forward the meaning that each partner is trying to communicate. Therapists should emphasize a focus on implicit and explicit, moment-to-moment experiences and goals rather than words (Greenberg et al., 2001). Specifically, encourage and coach the low-empathy partner on how to reflect back the implications of what his or her partner is saying. This can be accomplished through focusing on feelings, perceptions, values, and assumptions, rather than just content. The therapist should also educate low-empathy partners on when and when not to respond empathetically. (Greenberg et al.). An additional consideration for therapists is the evidence that a feminine sex role orientation has stronger relations with empathic emotions than a masculine one does (Duan & Hill, 1996).

Empathy Building in Marital Therapy: Case Vignette

Joe and Cindy have come in for marital therapy because Joe is frustrated that Cindy "cannot seem to understand his feelings or views." This is Joe's first marriage and Cindy's third marriage. They have been married for just under two years and have no children. Though they attend and enjoy church on holidays, they expressed that they would prefer their spirituality to be kept separate from their therapy. Cindy has previously been diagnosed with a Personality Disorder Not Otherwise Specified, with Narcissistic Features.

During the first couple of sessions the therapist notices that Cindy tends to elevate herself and simultaneously put Joe down. Joe tends to retreat when Cindy does this, but he looks visibly frustrated and hurt. Cindy noted that the couple's only problem was that Joe was constantly trying to talk about his feelings. She remarked that "He needs to man-up and stop being so weak-minded." Joe did not respond immediately, but he later commented on how Cindy constantly undermines his feelings. The therapist wonders if Cindy's reason for coming to therapy is to get confirmation from a third party that Joe is the problem and needs to stop talking about his feelings. The therapist notes that Joe seems to want to work on the relationship, but his passive attempts at handling Cindy's criticism is leading him towards stonewalling and contempt. The therapist realizes that Joe feels defeated and does not respond anymore because he knows that Cindy will not understand his responses. Initially, the therapist is unsuccessful with her attempts to get Cindy to validate any of Joe's feelings.

The therapist feels negatively towards Cindy and she feels sympathetic towards Joe. She finds Cindy's total lack of self-awareness frustrating, though she continually reminds herself that Cindy's personality disorder is blocking any successful attempts at seeing personal flaws and experiencing empathy. The therapist processes these feelings with a colleague. The therapist tries to keep sympathetic to the possibility that Cindy might have experienced some kind of traumatic experience, or at least a subjectively traumatic attachment, that has caused her empathy problems. The therapist continues to process each session with the colleague in order to check her own biases and negative

attitudes towards Cindy; this allows her to remain neutral in sessions. The therapist has resolved that if she cannot remain neutral throughout therapy, she will refer the couple out.

The next few sessions, the therapist explores Cindy's past and any pathological reactions to certain past events as they relate to her present marriage. The therapist works on creating a safe space for Cindy to express her feelings as she feels comfortable. The therapist involves Joe cautiously, to the extent that he is able to empathize with Cindy's past experiences. After several sessions of exploration, Cindy admits, for the first time ever, that her mother constantly punished her for crying. Additionally, her mother ignored her whenever she expressed sadness or fear. The therapist notes inwardly that the reason why Cindy despises Joe's expression of feelings is because Cindy cannot tolerate accepting any weak feelings in herself. Because she was socialized against expressing vulnerable feelings, Cindy took on an "invincible" identity, avoiding any "weak" emotions. Joe softens and starts to comfort Cindy at this point, but Cindy is still uncomfortable with raw emotions, so she backs away.

The therapist starts working with Cindy towards deepening her experience and expression of emotions linked to cognitive content. As Cindy is ready, she moves towards more personal, affective content towards the end goal of communicating this way with Joe. The therapist encourages Cindy to speak subjectively, directly, and address her personal needs. The therapist then teaches Cindy and Joe about positive communication techniques and active/reflective listening. She has Cindy practice actively listening to Joe and reflecting back what he is saying, moving gradually from more content-oriented themes towards more affect-oriented themes.

Now that Cindy is able to express and gradually identify with more vulnerable emotions, the therapist introduces role reversal. The therapist guides, demonstrates, and explains the process of matching to Cindy and Joe. Over the next few sessions, Cindy becomes better at identifying Joe's emotions. The therapist continues to foster a safe environment to ensure that Cindy's progress towards empathy building. The therapist also guides and models identification of causal attributions with Cindy and Joe. Throughout the entire experience, the therapist moves Cindy from a less personal, cognitive state towards a more personal, affective state, as Cindy becomes increasingly willing to go there. The empathy building starts within Cindy's own subjective experience and moves towards connecting with Joe's internal experience.

The therapist notices that as Cindy opens up and becomes more empathic, Joe begins to soften and respond more. The couple's emotional bond seems to have increased as well. Even so, the therapist is aware that Cindy will most likely always struggle with empathy because her personality disorder is pervasive. The therapist continues to reinforce all of Cindy's attempts at empathy and all of Joe's softened responses towards her, all the while instilling hope in the couple's relationship

Annotated Bibliography

Life Skills Training Center. (2005). Personal strengths: positive psychology. *Making communication one of your talents* (chap. 10). Retrieved June 20, 2008, from http://www.lifeskillstraining.org/communication.htm

This work provides a detailed description of positive and empathetic communication skills (that clinicians can use with low-empathy couples). It includes discussion about the blockages to empathy, sensitivity in empathy, and sharing feelings and painful experiences. It also covers the theoretical orientation behind the use of empathy in the therapeutic context. The chapter is reader friendly, so it can be given to the couple as a resource material.

Livingston, M. S. (2001). *Stay a little longer: Sustaining empathy, vulnerability, and intimacy in couple therapy*. New York: Training and Research Institute for Self Psychology.

This paper seeks to increase therapist's awareness of the challenges and opportunities present during the "vulnerable moments" in couple's therapy. It discusses the importance of prolonging those moments of openness and fostering empathetic attention to affective experience. The end goal is to assist in transforming the relationship towards more intimate interactions.

Nieponski, M. K., & Duba-Onedera, J. (2007). Emotional intelligence in couples therapy: An interview with Brent J. Atkinson. *The Family Journal: Counseling and Therapy for Couples and Families, 15*, 420-426.

This interview talks about the historical development and components of Pragmatic/Experiential Therapy for Couples. The focus on emotional intelligence can provide a good framework for empathic responding. It includes a discussion of the neurobiology and science of intimate relationships.

Self-Help Foundation. (1997): Psychological Self-Help: *Methods for Developing Skills* (Ch. 13). Retrieved June 20, 2008, from http://www.psychologicalselfhelp.org/Chapter13/chap13_1.html

This chapter reviews a practical step by step process in listening and empathy training (that clinicians can use with low-empathy couples.) The idea behind this training is to communicate true understanding and acceptance. This material covered includes the levels of empathic responding, time involved, common problems, and effectiveness. The chapter is reader-friendly, so it can be given to the couple as a resource.

Snyder, M. (1994). Couple therapy with narcissistically vulnerable clients: using the relationship enhancement model. The Family Journal: Counseling and Therapy for Couples and Families, 2, 27-35.

Narcissistic individuals account for a good portion of low-empathy individuals. The research and intervention models for this population may be relevant to couple's work in this area. This work explores one model, Relationship Enhancement Therapy that is effective in working with narcissistically vulnerable individuals in a couple's therapy context.

Additional References

Duan, C., & Hill, C. E. (1996). The current state of empathy research. *Journal of Counseling Psychology, 43,* 261-274.

Giblin, P. (1996). Empathy: The essence of marriage and family therapy. *The Family Journal: Counseling and Therapy for Couples and Families, 4,* 229-235.

Greenberg, L. S., Watson, J. C., Elliott, R., & Bohart, A. C. (2001). Empathy. *Psychotherapy,38*, 380 -384.

Maj, M., Akiskal, H. S., Mezich, J. E., & Okasha, A. (Eds.). (2005). *Personality Disorders (Vol. 8).* Cairo, Egypt: John Wiley & Sons.