

# RESEARCH REPOSITORY

This is the author's final version of the work, as accepted for publication following peer review but without the publisher's layout or pagination.

The definitive version is available at:

https://doi.org/10.1111/j.2044-8341.1993.tb01722.x

Barrett-Lennard, G.T. (2011) The phases and focus of empathy. British Journal of Medical Psychology, 66 (1). pp. 3-14.

https://researchrepository.murdoch.edu.au/id/eprint/53922

Copyright: © 1993 The British Psychological Society It is posted here for your personal use. No further distribution is permitted.

[Minor editing of main text/body of paper, on 24/09/07]

The Phases and Focus of Empathy\*

Godfrey T. Barrett-Lennard

Visiting Fellow in Psychology, Murdoch University, Murdoch 6150, Australia

Abstract

Interpersonal empathy is a subtle and multi-sided phenomenon which can, nevertheless, lend itself to systematic portrayal and investigation. This paper further refines the author's account of empathy as involving a sequence of distinct steps or phases. Freshly introduced here is the idea of empathic response not only to selfexperience but also toward relationships conceived as emergent living wholes with their own felt presence and individuality. Given described pre-conditions for empathy, three main phases in a complete empathic process are distinguished: reception and resonation by the listener; expressive communication of this responsive awareness by the empathising person; and the phase of received empathy, or awareness of being understood. The phases are not a single closed system, thus do not occur in lock step and are semi-autonomous in practice. Responding empathically to relationship systems (existing as 'we' or 'us' to the participants and as a joint 'you' to others) may be interwoven with empathic response to individual "I" experience. Although differing in focus, the empathic process follows the same phasic course in both cases. underlying view is that individual selves are only one of the forms human life takes; other forms include relationships, families and living communities.

\*In the British Journal of Medical Psychology, 1993, Vol. 66, 3-14.

The Phases and Focus of Empathy

Godfrey T. Barrett-Lennard

Beginning with restatement of my cyclic/phasic model of empathy, this paper works to further unfold and build on the perspective previously advanced (Barrett-Lennard, 1976 and, 1981). By now, the model has been useful in a range of studies, both using my Relationship Inventory (see Barrett-Lennard, 1986) and employing alternative procedures (for example, Elliot, et al, 1982). The purpose here is not to review this research but to focus again, in descriptive and theoretical vein, on the phenomenon and scope of the empathic process itself. In addition to providing a fresh articulation of previously expressed ideas, the later part of this paper introduces a basic extension. It embraces a view of empathy pointed toward the dynamism and voice of personal relationships as well as toward persons in their individual consciousness.

The most important roots of my still-evolving view of empathy lie in Carl Rogers' related thought and statements in the 1950s, particularly including his enormously influential "necessary and sufficient conditions of therapy" article (Rogers, 1957). In another work of that period he defined empathy as being "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 other person but without ever to0 to losing the 'as if' condition" (Rogers, 1959). If the "as if" quality is lost, identification has replaced empathy.

While the definitions advanced by Rogers represented a major stepping stone, even when printed they were no longer fully up-to-date. Publication delay, and continued interacting advances in thought by Rogers himself, by Gendlin (1961), and by this author and others, swept more differentiated, process-oriented and measurement-related meanings into view. The definition of the time still pertinent here was formulated in the course of developing my Relationship Inventory (in 1957/58--see Barrett-Lennard, 1962). Although possibly familiar to the reader, it is thought useful to present again the main constituent elements of this definition--now sorted out in kind and numbered. Stressed first (elements 1<sub>a</sub> and 1<sub>b</sub>, below) is the aroused, active, reaching out nature of empathic response--not, for example, a passive, neutral or detached waiting. The direction or focus of this actively receptive attention is expressed in elements 2<sub>a</sub> and 2<sub>b</sub>; and four more distinct facets of an empathic quality of understanding follow. Here, then, is the rearranged earlier formulation:

Empathic understanding is  $[1_a]$  an <u>active process</u> of desiring to know  $[2_a]$  the full present and changing awareness of another person, and  $[1_b]$  of reaching out to receive  $[2_b]$  the other's communication and meaning. This involves [3] translating his words and signs into experienced meaning which [4] matches at least those aspects of his awareness that are most important to him at the moment. All this [5] is an experiencing of the consciousness "behind" another's outward communication but [6] with continuous awareness that this consciousness is originating and proceeding in the other (Barrett-Lennard, 1962, p. 3--direct quotation italicised).

The original formulation amplifies these outlined elements, which centre on processes occurring in the empathizing person, extends also into the communicative aspect of empathy, and stresses that in practice it is the perception of the person on the receiving end of being responsively understood that counts in terms of its impact (Barrett-Lennard, 1962, pp. 2-4). In these ways it foreshadowed my much newer thinking on the multi-stage or phasic nature of empathy.

## The Phases of Empathy

Empathy, of course, is far from being the only modality of interpersonal response-for example, as eloquently conveyed by Rogers in his later paper "Empathic: An
unappreciated way of being" (Rogers, 1975). In the cyclic/phasic model the
prerequisites for empathy to occur at all, include the condition of being attentive in a
quite special way. This may be called an "empathic attentional set", as distinct from
other kinds of sets one may have in situations with others.<sup>1</sup>

Given the necessary quality of attentiveness, an aroused empathic awareness of another person's felt experience may happen even without those involved being in each other's physical presence. Expressive sharing recorded in writing, film or any media may carry a quality of psychological-emotional presence to the actively receiving person. Effectively, the other *person* is experienced in their recorded communication, and this establishes the potential for empathy. Aside from the case of records between persons

Some people adopt such a set much more often or wholeheartedly than others do. Some move into it only very selectively. My impression is that nearly everyone has the capacity within their repertoire, whether rarely or often expressed.

who know each other, eloquent documentary presentations of people in crisis--or under any striking circumstance or emotion--may evoke an experiencing of them as if present, or even reaching out to, the receiver/viewer. Thus a literally empathic inner response is possible.

In the case where individuals are physically together, a person expressing him/herself may not be conscious that a companion is in fact highly receptive and in closely tuned contact. This unawareness of empathy can result if a group is present, if the interaction is cut short, if the empathically receiving person does not venture to show his/her response, and in other natural circumstances. Completely unexpressed or 'silent' empathic inner response can have no direct impact on the other. (It may work indirectly in affecting future interchange.) Even when such inner empathy is expressed, its effect necessarily depends on qualities of the person receiving this message, as well as on the sender and signal.

These mentioned instances and ideas are all in keeping with the phasic sequence and model of empathy visualised in the figure which follows:

-----

#### Insert Figure 1 about here

-----

In the first step--see first column in Figure 1--the prospectively empathising person [PA] is actively attending with an empathic set to another person [PB] who in some way is expressive of his/her own experiencing. This step is not empathy but includes an active openness to knowing a particular other in their own inside, felt experiencing of self and their world, and is thus a precondition for empathy. Initiation of what might be termed empathic listening has occurred.

The mentioned conditions open the way for a potential further step, in which  $P_A$  resonates experientially to  $P_B$  in an immediacy of recognition of the other's felt experiencing and meaning. Principal features of the latter's experience--sometimes the whole gestalt, signalled and implied--are now also alive and in motion in  $P_A$ 's consciousness. This process and quality of experiential understanding comprises Phase 1 empathy.

The next following step is the (more or less) communicative *expression* of PA's Phase 1 empathic response. This showing of inner empathic response, intentional or involuntary, verbal or non-verbal, is identified as Phase 2 empathy. If PA has merely observed the other's words, and (say) technically mirrors back their substance, with manner of concern, this response is not arising from an inner empathic process and is, therefore, not Phase 2 empathy.<sup>2</sup>

Expression of actual empathy makes possible the culminating stage of received or apprehended empathy, comprising Phase 3. The experience of being literally heard and understood deeply, in some personally vital sphere, has its own kind of impact--whether of relief, of something at last making sense, a feeling of inner connection or of being less alone, or of some other easing or enhancing quality. Figure 1, column d) visually suggests the felt eventfulness of received empathy. Theoretically, this *awareness* of being understood would link more directly with 'outcome effects' of empathy on the recipient than the prior (more removed) phases of empathy would.

The step indicated in the last column of Figure 1, when it occurs, is effectively Phase 1 empathy in repeat form, following further expression by P<sub>B</sub>. This expression usually contains implicit cues or feedback--shown by the dotted arc--as to whether or not P<sub>B</sub> feels understood through P<sub>A</sub>'s previous responding verbal message or action.

There is very real possibility of considerable slippage between the inner resonation, communication, and reception levels of empathy (see also Barrett-Lennard, 1981). Such slippage leads to the phases being semi-autonomous in practice, and at the level of measurement. The phenomenon can be described, step by step, as follows: When A closely attends to B, in ways that imply an empathic set, the *possibility* of an empathic understanding process exists. For this possibility to bear immediate fruit depends, first, on whether person B is self-expressive, especially of feeling or felt meaning, and, second, on A's capacity to tune in strongly to these particular feelings and meanings of B.

If  $P_A$  is aroused, but in the sense of strong sympathy, it is possible that this arousal stems from reminder of his/her own suffering (or joys) to a degree that works against close sensitivity to and tracking of the distinctive qualities of the other's experience.

Further, even if A does responsively and accurately tune in to B--Phase 1 empathythere exists the possibility, only, of a message back to B which fully expresses and conveys this inner empathic response. Various conditions can work against realization of this possibility, even in therapy situations. A (the therapist) may not consider it important to convey a message of understanding right then. B may be very anxious and A may hesitate to interrupt by verbalising the resonance he/she is feeling as B presses urgently or fearfully on. Perhaps A is empathizing quite strongly but is uncertain, at that delicate moment, how best to convey and check her/his understanding. Or, depending on the therapy orientation, A's resonance to B might suggest countertransference, or, in another context, serve as a pointer to the next step in guiding B's exploration. The 'hour' may end, or an interruption occur, which cuts the cycle between Phase 1 and Phase 2. In short, many factors can result in non-expression, or in very indirect or aborted expression, of actual Phase 1 empathy. Thus, Phase 1 does not lead to Phase 2 as a regular sequel.

The challenge of conveying (and checking) an empathic quality of understanding has been a major impetus for turning point developments in psychotherapy and counselling practice. Such a turning point was the wholly unique concentration on reflection and clarification of client/patient feelings and meaning characterising client-centred therapy, especially in its emergence and early history. The same challenge was one factor in the communication training and related procedures developed by Truax, Carkhuff and associated workers (see Truax and Carkhuff, 1967, and Carkhuff, 1969). In the latter case, strident concern for (narrowly conceived) objectivity, braced by the technological emphases of the culture, were powerful influences in leading to the virtual omission of a complementary focus on the basic first, and essential third, phases of empathy.

To complete my train of meaning on the relation in practice of one empathy phase to the next, let us suppose that a message *is* sent which adequately expresses A's experienced empathic response to B. However, this message may or may not be received without addition, subtraction or qualitative change. And, if it is not picked up or is significantly misperceived by B, it is at best a possibility that the way it was taken will be conveyed back to A *and* result in A trying again with more success. Overall, a

series of alternative possibilities, or potential 'slippage points', are evident which would work to attenuate the close functional and correlational relation that might at first be expected between adequate measures of empathy in its different phases.

Only if the chain of possibilities referred to were all necessities, as in a type of closed system where the motion of a single element totally controls the next, would it be reasonable to expect close congruence between empathy measured in its different phases. In practice, a very close correlational fit, implying total meshing and no slippage, appears so unlikely that results implying such a fit (were they to be obtained) would be of questionable validity.<sup>3</sup> It may be the case, however, that in high-empathy relationships, adequately tapped and measured at each phase, there is relatively less slippage and more congruence of level among the phases then in comparatively low-empathy relationships. And in cases where empathy is found to be relatively even, in all phases, outcome may be more positive than when client and therapist have a quite different view of the therapist's empathy. In any case, research can continue with a more differentiated view of what is being measured in the sphere of empathy, what mediating (or intervening) variables need to be allowed for, and what sorts of associations and connections can meaningfully be hypothesised.

I cannot resist returning briefly to the discussion of empathy, reflection and training technology. Empathy, in essence, is a special kind of responsive personal knowing. Re-statement is a familiar way of showing that we know something, in all sorts of contexts. Hearing from another the essence of our personal feeling and meaning which we have been struggling to articulate and express, which perhaps is like a

Empirical evidence is in accord with the theoretical expectation of low correlation. For example, judge-rated "accurate empathy" (Truax & Carkhuff, 1967), viewed as approximating Phase 2 empathy, usually has correlated only weakly (sometimes, not at all) with the Relationship Inventory measure of Phase 3 empathy (see Gurman, 1977, Table 5--p. 516, and Kurtz & Grummon, 1972). Where the Relationship Inventory has been used in a form for therapists (tapping empathy at Phase 1) and in a parallel form for their clients (encompassing Phase 3 empathy), the correlations are regularly low if not insignificant (Barrett-Lennard, 1986; Gurman, 1977, Table 4--p. 515; Kurtz & Grummon, 1972.) (To attribute this pattern simply to instrument deficiency would not be plausible, given the high reliability of measures, and the validation evidence and long history of meaningful results with the RI--Barrett-Lennard, 1986.)

chameleon that keeps changing and disappearing as we pursue it, and which may evoke sickening anxiety in us, to hear in this context a listener who is devoting his/her whole attention to what we are going through speak back to us that which we ourselves are strenuously and barely grasping can have the impact of a skilful midwife assisting in a literal birth. But does the listener in such a case as this release us so critically solely through restatement as such--however accurate and inclusive of implied as well as explicit meanings? My answer is 'no', although it is my view that this quality of restatement is a powerful modality when it does reflect the other's genuine empathic resonation. Put another way, reflections can be an excellent carrier or channel for the flow of empathy, which is the active ingredient.

No reason is seen for sensitive restatement to be the only effective channel for communicating empathy, especially in caring relationships or among persons from the same bonded community or linguistic-expressive sub-culture. Nor is it the only avenue to express empathy in therapy. Responsive use of metaphor and imagery, not as reflection but as imaginative impression and comment, also can be richly communicative of empathy. On occasion, a simple question that pops forward could not be asked-would not occur--without an empathic awareness of the other's inner experiencing. In the case of imagery, in my experience a quite vivid inner picture forms or happens, not often but now and again (as perhaps it does for you), without any conscious effort or cultivation. Often such images that form spontaneously are evocative for the client-person, sometimes strikingly so. They are not re-statements but intuitive-associative responses that may express one's sense of something about the person's life course, or of their present existence or dilemma or, more immediately, a quality of their feeling and presence at the time.

Other kinds of associative response that build on the essence of what the client is experiencing but also go evocatively beyond it have been described, for example, by Laura Rice (1974). Rice focused particularly on what she calls evocative reflection; and which she eloquently depicted as a form of empathy designed "to unfold rather than package experience" (Rice, 1974, p. 305). She compared this with the evocative quality of poetry, concluding that although it might be unreasonable to expect all therapists to become poets "anyone can learn to avoid labelling and packaging, and dare to use

words freshly" (Rice, 1974, p. 310).4

Another important avenue for expression of empathy without restatement comes into play when one person offers another precisely the opportunity or kind of experience that the other can embrace, and move forward through. This may occur between adults in relationships of affection, sometimes between a teacher and pupil or student, or between parent and child, and in other contexts. For example, we may see, in a mother responding to her young child, behaviour that is caringly knowing in an empathic sense but which leapfrogs over the level of responsive restatement to gently receiving, meeting and holding the child in an awareness and behavioural acknowledgement of his/her distress. In another example, the parent may show perceptive awareness of the child's excitement in some new-found mastery, through the responsively participating with the child in the exercise of this mastery. All this to me is heartening, as well as sometimes bewildering, for it implies that empathy cannot be formularized on an action level. Nor is empathy only and necessarily elicited by and responsive to *individual* experience—although so far defined and examined as though this is so.

Readers conversant with Heinz Kohut's thought may be surprised that I do not acknowledge his work, also, in the body of this article. The truth is that I have not been familiar with it. It is only now--nudged by a last-minute editorial comment--that I have begun any serious acquaintance, with some excitement over congruencies in our thought and the nature of his search. Certainly, Kohut, too, regards empathy as pivotal in the therapeutic process, and basic to healthy development and relationships. There are many moments in his writing that evoke in me a strong sense of recognition and affinity of thought. In one simple exact statement, empathy is defined as "the capacity to think and feel oneself into the inner life of another person" (cited in Rowe & Mac Isaac, 1989, p. 15). In another place Kohut (1977, p. 251) speaks of the "evenly hovering attention" of the therapist's "active empathic response". Elsewhere he spreads a broader canvas: "Empathy, the accepting, confirming, and understanding human echo evoked by the self, is a psychological nutrient without which human life as we know and cherish it, could not be sustained" (Kohut, 1978, p. 705--cited also in Rogers, 1986). But at other points in Kohut's total debate a differing slant has the upper hand, a view of empathy as strictly a scientific tool and means to building an in-depth picture of the client's formational process, with well-founded interpretation being the active ingredient in therapeutic change (see, e.g., Rowe & Mac Isaac, 1989, p. 64). This to me does not complement but contrasts with a view of empathy as itself, directly, having nurturing and healing effects.

## **Empathy and Relationship Systems**

There is a second order, predictive level of empathy-like awareness, which is not any one of the primary phases I have described, although probably linked derivatively to each of them. I--as a therapist, say--may be deeply in touch with your felt experience, which in the special sense of Phase 1 empathy comes alive and resonates in me too. I may even convey this quality of being-with-you in ways that you hear and feel in turn (empathy carried to Phase 3). But what you are struggling with and bring to our meeting comes out of your life apart from me. Our relationship is an avenue for your working through, it is not the main stage of your life. Your *self*-concern may mean that I receive little direct feedback on how you actually see *me* responding to you. And, I don't question or prompt you on this level in light of your distress, my direct sense of contact with you in what you are going through, and the confirming impression that my response actually is reaching you because of the way you go on.

Suppose--after meetings between us--that you are asked to give the information I did not request as we went along, particularly, your detailed view of the ways and degree to which you have felt understood by me. Suppose, too, that I am separately asked what I think your candid view of me will turn out to be, point by point. I would be trying to predict your replies from my sense of your experience and picture of me--at best, only partly verbalised in our meetings. This is distinct from Phase 1 empathy, for I am not going just by an immediate process of resonation and sense of contact with you in your experiencing. Rather, I am reflectively trying to look *through your eyes at me-with-you*, from knowledge of the pool of experience with me that you have to draw on, and my sense of how you will call on and interpret this experience in replying. In the circumstances mentioned, I'm not sure that I would be closely on target, even if our experience together had included numerous instances of significant empathy in each of the phases described.<sup>5</sup>

Taking an opposite possibility, I have encountered people whose accuracy as predictors of the way that certain others will see them, at least in particular circumstances, seems much greater than their capacity to resonate and sensitively accompany those others in a primary empathic sense.

The capacity to predict the other person's view of one's own (empathic) understanding of them may be called meta-empathy. (The wider term is 'meta-perception', referring to A's perception of B's perceptions--of, say, A's response in their relationship [Barrett-Lennard, 1978, p. 28]). Limited, direct empirical evidence suggests that the meta-empathy level of A partners, in significant dyad relations with B partners, can change through residential, intensive human relations learning workshops involving the A partners only. Although the B partner's views were better predicted by the As, after the workshop, in this case B partners were not as a group immediately conscious of being better understood by their A partners--that is, empathy at Phase 3 had not increased (Barrett-Lennard, 1967, pp. 7-8). My data predates by far the empathy cycle conception, and does not seem interpretable solely from within this perspective. How much and in what ways Phase 1, 2 and 3 empathy enter into the determination of meta-empathy--and many other issues in this arena--are waiting still for careful empirical investigation.

The idea of empathy toward relationship systems is another distinct level, approached (but not reached) by the thought just mentioned. Meta-empathy is concerned with A's awareness of how B is taking A's response. It pivots on how closely A is in touch with B's feeling and point of view in regard to A's understanding. It taps into their dyad system in the sense that it is not about one partner's experience or perceived response but the convergence between their two frames of reference on a vital aspect of their relationship. This 'relationship' is itself an emergent whole which can be apprehended directly--on a theoretical plane, by viewing the relationship as a (living) system.

The notion of 'system' initially can seem a rather lifeless abstraction. This depends partly on the eye of the beholder, but the particular way the perspective is incorporated can also make a crucial difference. The approach here involves a systems way of thinking integrated with an experiential/phenomenological emphasis. Couple relationship systems provide a convenient illustration. Any twosome in which each member is substantially involved with the other contains three distinct entities, from inside the relationship, "I", "you" and "we". From the outside, let us say from the standpoint of a child in relation to his or her parents, there's "Dad", "Mum" and the

Mum-and-Dad twosome, as "you" or "they" or "my parents". Again, the child typically would experience his/her father and mother directly as a pair unit as well as two distinct persons. Sometimes, children seem to have more difficulty individualizing their parents than in perceiving them in their pair qualities or modality; and, in any case, their experience and relationship with their parents' relation is an axis of their lived world.

From a position outside the family, a couple might be viewed as Mr. X, Mrs. X, and "the X's" as a unit. Such a twosome develops a repertoire, style, character--one might say, a 'bipersonality'--of its own, distinct from that of each member as a single. To risk the obvious, often the self-concept of each individual becomes very bound up with their identity as a pair, as well as with their family system in a wider sense and their position in community, work organization and/or other membership/reference systems. It is only a short further step to assert that membership in relational systems is not merely an influence on individuals but a fundamental modality of existence.

To what extent and in what ways can one be perceptively sensitive to the *inter*active process, the world of shared meanings and mutual/reciprocal feelings, the phenomenal and implicit *we*, the duality or larger whole? Most of us as helpers are used to responding to the moment-by-moment feelings and meanings of each single person in interactive contexts, and to other noticed elements in the experience or behaviour of each one with the other(s). This is one broad way of being sensitive, readily associated with empathy. Some readers, perhaps from family therapy experience, would be particularly attentive to recurring interactive behaviours, to the roles individuals typically seem to occupy and play out together, and to other systemic features. This is another band in the wide spectrum of ways of being perceptively aware, involving inferential construction. However, it is thought to over-stretch the meaning of empathy to apply it to this level of understanding, that is, *if* the focus is primarily on role interaction, whole system behaviour patterns and other abstracted and externally viewed features of structure and interplay.

The added level of listening and sensitivity in focus here remains beamed sufficiently to experiential processes that empathy can be considered a large and critical component. An experiential emphasis is maintained within the process of attending to the system whole. A way of seeing this whole, broadly in keeping with such attention, is

suggested in the following passage, concerned with parent dyads.

Typically, there is a climate of feeling and attitude within which particular elements vary more or less predictably, spheres of understanding and of mis-(or non-)understanding, eggshell regions and pathways with firm stepping stones, and many other features forming the moving figure-ground matrix unique to that "we". A parental we...can work such that the two human being components move carefully in step, or in a mode where they swing from harmony to counterpoint--moving easily from expression of acknowledged difference to convergent agreement. Mutual empathy, trusting openness and strong and non-judgemental caring stand out in the interplay of some we's and, by contrast, others exist in which the partners implicitly conspire to tear each other down, perhaps jointly feeling that victory or victimization are the only alternatives (Barrett-Lennard, 1984, pp. 224-225).

If qualities of feeling, outlook, purpose and action apply to a twosome as suchand, by the same token, to a family and any closely bonded group--one can conceive of responding empathically to the behaviour and experiencing of the emergent multiperson whole. All that is needed, in principle, is a change or development in what is being attended to by the empathizing person; a change in focus of attention not in the quality of an empathic set. With experience, the same person can at one moment be attending and responding empathically to a single other, and at another moment to the collective other which contains that single person as an interdependent part of the multi-person whole that is also in being.

Viewed slightly differently, each participant in an active relationship may be considered to have two interwoven streams of consciousness. One of these--the 'I stream'--reflects their individuality and distinctive positions in the relationship. The other, 'we stream', is an expression of their joint being and runs through the experience of all participants. The voice of this 'we/us' consciousness speaks *through* each member (in verbal and nonverbal mode) but not from them singly. The referent and source of this voice is not *a* self but a twosome--or larger emergent whole--with its own presence, a presence which exists in intricate relation to the I/me selves of each member.

Empathy on this system level entails seeing *relationship* as having life, and in tuning-in to this life; on listening to communication in and from established relationships (we's, us's, you's, they's, etc., embracing two persons or more)--listening to such communication not only as the voice of one person to another, but as having its own source in the emergent multi-person whole. Such a system in this perspective is not merely an interactive pattern, although it partakes of such patterning when viewed abstractly, but exists as a living process seen as a basic form of human existence.

The process of empathy is of the same phasic nature as earlier described whether the focus is on individual self-experience or on the expressive phenomenal 'we'. In the case of a couple (say) the twosome will not be felt and perceived identically by the two partners. However, when the focus is very distinctly on the 'we/us' (not 'me in response to you' or 'you toward me') differences tend to shrink and, at moments, disappear. The empathy of the helper may be triggered by and pointed toward the 'we' consciousness of either participant or, at times, to the acutely felt presence of the relationship as such. Expressed Phase 2 empathy would follow Phase 1 resonation, and potentially lead on to the reception phase. Where the helpers' empathy was evoked by and pointed toward the relationship presence, its accuracy could be inferred both from its effect (such as easing of immediate tension or opening of stopped communication) and from concordant feedback from both partners. Thus empathy toward relationship 'systems' parallels empathy in response to individual self-experience and follows the same phasic sequence.

### Conclusion

Interpersonal empathy is a subtle, many-sided but not necessarily elusive phenomenon. It can be systematically illuminated as a multi-stage process of particular nature occurring within and between individuals, as this paper has illustrated. The elucidation has tended to focus on client-therapist interaction. However, the underlying perspective is one in which empathy is viewed as a basic issue whenever a person is positioned to be a resource (or a threat) to others, which includes the whole spectrum of human services and extends deeply into purely personal relationships. Adapting the delineated cycle of steps involved in empathy, to reciprocal personal and collegial

relationships where self-expression and empathic listening move back and forth between partners, seems to present no problems in principle--although remaining to be fully spelled out.

This paper, evolving over a span of time, has itself been for the author a contributing avenue in working out the distinct additional idea of empathy toward the 'we-life' of a relationship--a twosome we/us/you, for example, both as apprehended in the consciousness of the partners and as having its own nature and felt presence to a third person. A view of relationship as a system, applied with an emphasis not just on structure but on experiential processes, has been used in providing a careful preliminary account of empathic attention and response to a multiperson whole (in practice, interwoven with empathy toward each individual). Presuming the shift to include this further context is one that the reader also can entertain, it can be seen that the same basic concept of empathy is applicable and that the process would proceed through a sequence corresponding to that portrayed in one to one empathy.

The context of human system life is rich with little-explored further implication. Perhaps we Westerners are moving, and greatly needing to move, toward a new quantum jump in awareness and perception to a position from which individuality will be commonly experienced as *one* central form only of natural human existence. One test of whether we are in the process of making this leap may lie in being able to think of and experience empathy toward emergent human existences such as relationships, family systems and living communities.

#### References

Barrett-Lennard, G. T. (1962). Dimensions of therapist response as causal factors in therapeutic change. *Psychological Monographs*, **76** (43, Whole No. 562).

Barrett-Lennard, G. T. (1967). Experiential learning in small groups: The basic encounter process. *Proceedings Canadian Association Univer. Student Personnel Services* --The Ottawa Conference, 2-12. (Reprints available from the author.)

Barrett-Lennard, G. T. (1976). Empathy in human relationships: Significance, nature and measurement. *Australian Psychologist*, **11**, 173-184. (Reprints available from author.)

Barrett-Lennard, G. T. (1978). The Relationship Inventory: Later development and

- adaptations. JSAS Catalog of Selected Documents in Psychology, 8, 68. (MS 1732--pp. 55)
- Barrett-Lennard, G. T. (1981). The empathy cycle: Refinement of a nuclear concept. *Journal of Counseling Psychology*, **28**, 91-100.
- Barrett-Lennard, G. T. (1984). The world of family relationships: A person-centered systems view. In R. F. Levant and J. M. Shlien (Eds) *Client-Centered Therapy and the Person-Centered Approach: New Directions* ...(pp. 222-242). New York: Praeger.
- Barrett-Lennard, G. T. (1986). The Relationship Inventory now: Issues and advances in theory, method and use. In L. S. Greenberg & W. M. Pinsof (Eds), *The Psychotherapeutic Process: A Research Handbook* (pp.439-476). NewYork: Guilford Press.
- Carkhuff, R. R. (1969). *Helping and Human Relations*. Vol. 1: *Selection and Training*. New York: Holt, Rinehart and Winston.
- Elliot, R., Filipovich, H., Harrigan, L., Gaynor, J., Reimschuessel, C., & Zapadka, J. K. (1982). Measuring response empathy: The development of a multicomponent rating scale. *Journal of Counseling Psychology*, *29*, 379-387.
- Gendlin, E. T. (1961). Experiencing: A variable in the process of therapeutic change. *American Journal of Psychotherapy, 15,* pp. 233-245. (Based on conf. paper/'58.)
- Gurman, A. S. (1977). The patient's perception of the therapeutic relationship. In A. S. Gurman and A. M. Razin (Eds.), *Effective psychotherapy: A handbook of research* (pp. 503-543). New York: Pergamon, 1977.
  - Kohut, H. (1977). The Restoration of the Self. New York: International Universities Press.
- Kohut, H. (1978). The psychoanalyst in the community of scholars. In P. H. Ornstein (Ed.), *The Search for Self: Selected Writings of H. Kohut*. New York: International Universities Press.
- Kurtz, R. R., and Grummon, D. L. (1972). Different approaches to the measurement of therapist empathy and their relationship to therapy outcomes. *Journal of Consulting Psychology*, **37**, 106-115.
- Rice, L N. (1974). The evocative function of the therapist. In Wexler, D. A., and Rice, L N. (Eds) *Innovations in Client-Centered Therapy* (pp. 289-311). New York: Wiley.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting and Clinical Psychology*, **21**, 95-103.
- Rogers, C. R. (1959). 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* (pp. 184-256). New York: McGraw-Hill.
- Rogers, C. R. (1975). Empathic: An unappreciated way of being. *The Counseling Psychologist*, **5**(2), 2-11.
- Rogers, C. R. (1986). Rogers, Kohut, and Erickson: A personal perspective on some similarities and differences. *Person-Centered Review*, **1**, 125-140.
- Rowe, C. E. & Mac Isaac, D. S. (1989). *Empathic Attunement: The "Technique" of Psychoanalytic Self Psychology.* Northvale, New Jersey: Jason Aronson.

Truax, C. B., and Carkhuff, R. R. (1967). *Toward Effective Counseling and Psychotherapy*. Chicago: Adline.