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# When (not) to empathize: The differential effects of combined emotion recognition and empathic concern on client satisfaction across professions

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## Abstract

Previous research found inconsistent associations between individuals' emotion recognition ability and their work-related outcomes. This research project focuses on client satisfaction as a core work-related outcome. We argue that service settings differentially affect clients' emotional goals, activating either socio-affective goals or goals targeting cognitive clarity. In service settings activating clients' socio-affective goals, clients are expected to respond favorably if service providers combine emotion recognition with high empathic concern; in service settings activating clients' cognitive clarity goals, clients are expected to respond more favorably if service providers combine emotion recognition with low empathic concern. Study 1 confirmed that service settings differentially affect clients' emotional goals, with hairdressing settings activating socio-affective goals and psychotherapy settings triggering cognitive clarity goals. Accordingly, hairdressing clients were more satisfied if service providers combined emotion-recognition ability with high trait empathic concern (Study 2). Conversely, in the context of psychotherapy, clients were more satisfied if therapists' combined emotion-recognition ability with low trait empathic concern (Study 3). Thus, service contexts moderate the effect of affective responses to clients' emotional signals in a predictable manner.

**Keywords** Emotion recognition · Empathic concern · Social sharing of emotions · Client satisfaction

Understanding and adequately responding to others' emotions is a critical part of human nature (Keltner and Gross 1999; Van Kleef 2009). These skills require the ability to recognize emotions, which is why emotion recognition has been conceptualized as the antecedent of socially skilled responses to others' emotions (Davies et al. 1998; Joseph and Newman 2010). As most jobs require some skills in social interactions and interpersonal communication (Hogan and Shelton 1998), there is growing interest in the relationship between emotion recognition ability—the ability to recognize others' emotional states in their nonverbal

communication—and work-related outcomes (e.g., Bommer et al. 2011; Byron et al. 2007; Bechtoldt et al. 2013; Costanzo and Philpott 1986; Elfenbein and Ambady 2002; Rubin et al. 2005; Walter et al. 2012; Tickle-Degnen 1997). As individuals reveal a large part of their emotional states nonverbally (Pease and Pease 2004), being able to recognize emotional information in people's body language in addition to their verbal remarks is pivotal for a valid analysis of their emotional states. Therefore, intuitively, the association between emotion recognition ability and work outcomes may be expected to be positive, with high emotion recognition ability relating to positive outcomes.

However, empirical findings regarding the relationship between emotion recognition ability and work outcomes are inconclusive, suggesting positive, non-existent, or even negative associations (Bommer et al. 2011; Byron et al. 2007; Costanzo and Philpott 1986; Elfenbein and Ambady 2002; Joseph and Newman 2010; Rubin et al. 2005; Tickle-Degnen 1997; Walter et al. 2012). Apparently emotion recognition per se is not sufficient for positive work-related outcomes because the impact of emotion recognition is dependent on

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how individuals respond to the emotions they “read” in others. More precisely, people differ in the degree to which they are empathically concerned with what they perceive (e.g. Davis 1980). While there are manifold definitions of empathy, there seems to be agreement in the literature that empathic concern involves “some kind of shared feeling or emotional resonance” (Pfeifer and Dabreto 2009, p. 185). Because it involves affective concern for others’ well-being, it predicts prosocial behavior and it is seen as essential for the buildup of social bonds (Batson 2009). For emotion recognition to result in positive reactions from interaction partners, one may therefore conclude it must combine with empathic concern. Vice versa, empathic concern per se should be unlikely to elicit positive feedback from interaction partners because responses triggered by erroneous beliefs about another person’s affective states will hardly be effective (Batson 2009). Therefore, one may argue that emotion recognition and empathic concern interact to result in positive work-related outcomes. But this may be too simplistic an assumption.

Assuming that emotion recognition combined with empathic concern guarantees positive social interactions implies that interaction partners’ primary goal is to elicit affective responses. Social sharing theory of emotions (e.g., Nils and Rimé 2012; Rimé 2007, 2009) suggests that this may not be true. In fact, people may disclose their emotions in social interactions for various reasons: Whereas some individuals may strive for emotional support and comfort, others may primarily seek cognitive clarity. The latter may share their emotions because they hope that others might help them with reframing their emotional experiences—to put them into perspective and create meaning (Rimé 2007, 2009). Instead of aiming for others’ empathic concern, they may more strongly desire cues for how to (re)gain mastery over their emotional well-being, or how to deal with their emotions in a way that is conducive to reaching their goals. Listeners combining the ability to diagnose others’ emotions with a more detached view of these emotions should be more likely to provide these cues because reframing requires cognitive effort (Duprez et al. 2015). Therefore, emotion recognition combined with high empathic concern should be adequate if interaction partners’ goals are socio-affective, whereas emotion recognition combined with *low* empathic concern may be more adequate to meet interaction partners’ expectations if they strive for cognitive clarity.

We argue that service settings systematically influence whether individuals’ goals concerning their emotions are more socio-affective or cognitive. In everyday service contexts, where clients may just happen to share their emotional experiences with service providers, they are likely to pursue socio-affective goals. Examples of such contexts may be interactions with hairdressers, beauticians, and store salespeople in contexts that require a more prolonged interaction

than shop-and-go experiences (for instance in bridal shops, furniture stores, etc.). In contrast, in service contexts where most of the time clients share their emotions because they wish to cope with their emotional experiences, their goals are more likely focused on cognitive clarity. Examples of such contexts may be interactions with psychotherapists, coaches, trainers and teachers.

To analyze this rationale, the current research focuses on client satisfaction as a core example of work-related outcomes. Client satisfaction has been defined as an attitude that results from comparing quality of a service encounter or product to one’s aspirations (Zeithaml et al. 2006). Client satisfaction increases customer loyalty, resulting in deeper and more long-term relationships with service providers (Mansoor 2017). Perceived service quality which falls short of expectations has more adverse impact on satisfaction and repurchase intentions than quality which exceeds expectations (Anderson and Sullivan 1993). For example, satisfied clients have been estimated to tell 4–5 others about their positive experience, while dissatisfied customers have been estimated to inform about 9–12 others about their bad experiences (Mansoor 2017). In times of digitalization, dissatisfied customers may easily reach out to many more people. Therefore, client satisfaction is vital for service providers’ economic success.

We argue that client satisfaction will be high if service providers’ responses match clients’ emotional goals, which in turn are affected by the type of service they make use of. In service settings that activate clients’ socio-affective goals, clients should be more satisfied with service providers combining emotion recognition with high empathic concern because these service providers are likely to emotionally connect with clients and provide the emotional support that clients desire. Conversely, in service contexts that activate cognitive goals, where clients expect advice and cues for reframing their emotional experiences, clients should be more satisfied with service providers combining emotion recognition with low empathic concern.

This paper extends previous research on emotion recognition and work-related outcomes by integrating both individual-level and context-level moderators, demonstrating that a similar set of individual characteristics may turn out as a benefit or liability depending on context. In analyzing empathic concern, the paper differs from the body of research on emotion regulation (Gross 1998) and emotional labor (e.g., Grandey and Gabriel 2015). Emotion regulation refers to how people consciously modify their own emotions or emotional expressions to accomplish certain goals; emotional labor denotes people’s strategic engagement in emotion regulation to meet the emotional requirements of their jobs (Grandey and Gabriel 2015). Typically, emotional job requirements comprise the necessity to display positive emotions and to suppress negative emotions (Grandey and

Gabriel 2015). In this paper, we do not analyze how individuals consciously modify their own emotions to conform to emotional display rules. Instead, we analyze how people's disposition for empathic concern, resulting in affective states similar to what their interaction partners are feeling, relates to their work-related outcomes. The affective states resulting from their emotional responsiveness are immediate, implying that they do not include emotion regulation efforts as emotional labor does. But, as we elaborate below, empathic concern does not result from mere emotion contagion either, meaning it is not a completely automatic and unconscious process. Rather, it integrates higher-order cognitive processes, including conscious differentiation between oneself and the other (Goubert et al. 2009; Hatfield et al. 1994; Watson and Greenberg 2009).

## Theoretical background and hypotheses

### Social sharing of emotions

Emotions are defined as short-lived intrapersonal phenomena, characterized by physiological, evaluative, and behavioral components (e.g., Frijda 1986). Besides their individual-level consequences, emotions have pervasive interpersonal implications (Van Kleef 2016). For example, individuals desire to share their emotions with others, and they are equally prone to disclose their anger, sadness, and anxieties, as they are to share their positive emotions (Duprez et al. 2015; Gable and Reis 2010). Reasons for why individuals are inclined to share emotions are manifold. Regarding positive emotions, sharing amplifies the emotional experience beyond the original level of intensity. Moreover, listeners who respond enthusiastically to others' positive emotions improve narrators' satisfaction with the relationship to the listeners (Gable et al. 2004). Regarding negative emotions, one of the most popular motives for sharing is venting, as people hope for emotional relief by "letting off steam", followed by "informing and/or warning others", "arousing empathy/attention", "support and comfort" and "advice and (getting to) solutions" (Duprez et al. 2015). The majority of these motives assign an active role to the listener: Individuals expect listeners to respond in a way that fulfills the emotional needs of the individual sharing her emotions. These responses can be socio-affective, providing social bonding and emotional support; or they can be more cognitive, providing cues for how to reframe emotional experiences, how to make sense and find meaning (Duprez et al. 2015; Pauw et al. 2018). Socio-affective responses bring temporary relief and strengthen social ties between parties but they do not predict true emotional recovery (Nils and Rimé 2012). Cognitive responses positively relate to emotional recovery, as individuals engaging in reframing

perceive the intensity of an emotional experience to subside (Duprez et al. 2015). Correlations between both response modes are weakly positive, supporting their independence (Duprez et al. 2015). Still, both socio-affective and cognitive responses require that listeners adequately assess the emotional states of narrators.

### Emotion recognition

Emotion-recognition—the ability to recognize others' emotional states in their nonverbal communication, including faces, voices, and body postures—is a core component of emotional intelligence, which additionally comprises emotion understanding and management (Joseph and Newman 2010). Empirical evidence for a consistently positive association between emotion recognition and work-related outcomes is lacking: Some findings suggest that emotion recognition predicts better job performance (Bommer et al. 2011; Byron et al. 2007; Costanzo and Philpott 1986; Rubin et al. 2005; Walter et al. 2012), but other studies indicate that emotion recognition is irrelevant or may even be a liability. For example, emotionally perceptive team members had more rather than less relationship conflict (Bechtoldt et al. 2013); employees with the ability to recognize negative emotions received worse job performance ratings than less perceptive colleagues (Elfenbein and Ambady 2002); and emotionally perceptive students of social work received worse performance ratings in psychosocial field work but better performance ratings in pediatric rehabilitation work (Tickle-Degnen 1997). Therefore, it was concluded that "varying institutional cultures" and "types" of interaction partners may "require different sets of attributes for working well with others" (Tickle-Degnen 1997, p. 133). Meta-analytical results suggest that the relationship between emotion recognition and job performance is close to zero (Joseph and Newman 2010). They also revealed heterogeneity among service contexts: Whereas the association was zero in service contexts with limited and brief interactions between service providers and clients, there was some support for positive associations if "making the customer feel good" or "friendly, cheerful behavior" was part of service providers' job description (Joseph and Newman 2010, p. 70). However, the association was weak and the small sample sizes for jobs with high emotional demands precluded reliable conclusions.

### Empathic concern

We suggest that one of the reasons for these varying associations of emotion recognition with work outcomes might be people's varying degrees of empathic concern. Although most people share some intuitive understanding of the term empathy, according to Batson (2009), it subsumes at least

eight different phenomena. Each from a different angle, they explain how people come to (a) understand others' states of being and (b) respond with sensitivity to what they perceive (Batson 2009). For example, empathy may denote knowing another person's internal state, including her thoughts and feelings. Because this understanding of empathy focuses on the intellectual achievement involved, some scholars speak of "cognitive empathy" (Eslinger 1998; Zahn-Waxler et al. 1992) or "empathic accuracy" (Ickes 1993). Clearly, empathic accuracy comes close to emotion recognition ability, underlining that empathy also draws on higher-order cognitive abilities. The ability component in fact differentiates empathy from traditional traits (Kellett et al. 2002), which is why empathy was also integrated into models of emotional intelligence (Salovey and Mayher 1990, p. 194). Others (e.g., Cherniss 2010), however, reasoned that emotional intelligence should be conceptualized as a precursor of empathy, implying that emotional intelligence denotes a potential for performance, whereas empathy represents a more crystallized competency resulting from the interplay of aptitudes and learning experiences. Comparing empathic accuracy to emotion recognition, empathic accuracy is more encompassing, as it includes not only others' emotions but also their thoughts and attitudes. For example, empathic accuracy of maritally abusive men was found to be low because they inferred more criticism and rejection from their wives' expressions and remarks than objective observers (Ickes 2009).<sup>1</sup>

<sup>1</sup> In addition to empathic accuracy, Batson (2009) lists another five empathic phenomena which also focus on how people come to understand others' feelings and thoughts. Not all of these require deliberate and conscious analysis of another individual's states: (a) "motor mimicry" (Dimberg et al. 2000; Hoffman 2000) or "imitation" (Lipps 1903; Meltzoff and Moore 1997; Titchener 1909), meaning that people share another individual's affective states because they unconsciously adopt their postures or match their neural activity patterns when observing them. By mapping others' goal-directed behaviors onto their own mental representations, people come to infer others' states of being through analogy (Pfeifer and Dabreto 2009). This automatic neural phenomenon originating from mirror neurons' activity may or may not concur with the conscious experience of empathy; (b) "emotional contagion" (Hatfield et al. 1994) or "automatic emotional empathy" (Hodges and Wegner 1997), implying that individuals may unconsciously adopt another individual's affective states through "shared physiology" (Levenson and Ruef 1992). Emotion contagion, for example, may occur when a newborn in a group of crying newborns starts crying, too. But how exactly this baby or people in general come to share others' physiological states is not explained in detail; (c) "aesthetic projection" or "aesthetic empathy" (Wispé 1968), denoting that people imagine themselves to be another person or inanimate object; (d) "perspective taking" (Ruby and Decety 2004) or "projection" (Adolphs 1999), where people imagine how another person is feeling; and (e) "role taking" (Mead 1934) or "simulation" (Darwall 1998), where individuals imagine how they would feel were they in the other's situation [see Batson (2009) for more details on the peculiarities of each of these phenomena].

Batson (2009) differentiates between two empathic processes which focus on the affective responses to others' affective states: one of them is what he describes as "feeling for" another person. Terms used interchangeably to describe this phenomenon are "empathic concern" (Batson 1991), "pity", "compassion" (Hume 1740/1896; Smith 1759/1853) or "sympathy" (Darwall 1998; Eisenberg and Strayer 1987; Preston and De Waal 2002; Sober and Wilson 1998; Wispé 1968). Empathic concern creates affective congruence between the empathic individual and someone else in the sense that the empathic individual experiences the same valence of emotions the other person is experiencing—either positive or negative—without necessarily adopting the other's specific emotion. Research shows that individuals differ as to their disposition to care about others and experience pity or sympathy in reaction to others' misfortune (e.g., Davis 1980). But even trait empathic concern is susceptible to contextual influences like relational characteristics. For example, people are more empathically concerned with their social ingroup members than with outgroup members (Cikara et al. 2011), and they are more empathically concerned with familiar living beings, resulting in more empathy with their dogs than a beggar in the street (Preston and De Waal 2002).

Empathic concern instigates prosocial actions like helping behaviors, which differentiates empathic concern from the second process in this category: "empathic distress" (Hoffman 1981) or "personal distress" (Batson 1991). The empathically distressed individual does not "feel for" the other individual but perceives the other person who is suffering as a source of distress. Therefore, empathic distress instigates self-helping behaviors rather than efforts to alleviate the other's suffering (Eisenberg and Eggum 2009). Empathic distress shows that empathic concern is indeed dependent on emotion regulation because it reflects overarousal due to failed emotion regulation (Eisenberg and Eggum 2009).

In this research project, we focus on empathic concern because of its potential to strengthen social bonds between people, which is relevant for client satisfaction. Although the idea of "feeling for" someone else implicitly expects the empathetic individual to correctly identify the other's emotions, verifying this assumption does not figure prominently in research on empathic concern (Batson 2009). For empathic concern to result in positive outcomes, however, it must combine with emotion recognition ability because matching emotional states which the other does not experience is likely to be futile. By combining the assessment of empathic concern with emotion recognition, we therefore aim to assure that people's empathic concern targets the true affective states of their interaction partners.

## Service context as moderator of clients' emotional goals

The affective isomorphism involved in empathic concern has been shown to strengthen social bonds because it validates the target's state of being (Anderson and Keltner 2002). These findings correspond to the effects of socio-affective responses to others' negative emotions (Duprez et al. 2015; Nils and Rimé 2012). While empathic concern may not bring emotional recovery to the individual, it provides temporary relief and creates emotional closeness between parties, which satisfies the individual's socio-affective needs. Given this, individuals sharing their emotions for socio-affective reasons should respond favorably to listeners combining emotion recognition ability with high empathic concern. Providing cues for reframing emotional experiences, however, becomes more difficult in a state of empathic concern. Developing new perspectives on distressing emotional experiences requires emotional detachment, which is incongruent with empathic concern. Therefore individuals striving for cognitive clarity should respond more favorably to listeners combining emotion recognition with low empathic concern.

We suggest that whether individuals pursue socio-affective or cognitive goals in conversations is subject to contextual variables, and we propose that different work contexts can activate either of these two goals. Settings activating socio-affective goals are, for example, interactions with hairdressers, beauticians, and salespeople with whom customers have a somewhat prolonged interaction. In such settings, customers typically expect their emotional expressions to be met with support. For example, an elderly lady who buys an expensive chair may appreciate if the salesperson listens to her life story and offers her sincere condolences upon hearing about the elderly lady's bereavement.

Settings activating cognitive clarity goals are, for example, interactions with psychotherapists, coaches, trainers, and teachers. If customers share their emotions in such settings, they typically do so because they need help with regulating their emotions to achieve their goals. A student may, for example, discuss her tendencies to procrastinate working on study assignments with her teacher, and explain that her fear of not performing well is causing her to procrastinate. Rather than wanting the teacher to empathize, the student is likely to be looking for the teachers' help in regulating emotions in such a way that tendencies to procrastinate can be overcome.

To examine the differential effects of empathic concern across professions, we chose two contexts that clearly capture clients' socio-affective versus cognitive clarity goals: the hairdressing business and the context of psychotherapy. Although highly different in terms of qualifications involved, both lines of business are comparable in that they require (physically) intimate and enduring interactions between

service providers and clients. In both settings, these interactions may take place regularly and develop into a long-term service relationship. Finally, clients in both contexts may share emotional experiences with service providers. However, if they do so, we expect their motivation to be different. Whereas in both settings clients may strive for understanding and validation of their experiences, clients in psychotherapy (but not hairdressing clients) discuss their emotions because of a specific goal: enhancing their emotional well-being with the help of the experts. Therefore clients in psychotherapy should more strongly desire cues for reframing and developing new perspectives, whereas hairdressing clients are more likely to aim for socio-affective responses. Accordingly, we expect service providers combining emotion recognition with high empathic concern to meet the expectations of hairdressing clients but not psychotherapy clients. As expectations met are a core component of satisfaction, client satisfaction in both service contexts should be a function of service providers' different combinations of emotion recognition and empathic concern. In particular we hypothesize:

**Hypothesis 1** In service settings that activate clients' socio-affective goals in conversations with service providers, client satisfaction is higher if service providers combine high emotion recognition with higher (rather than lower) empathic concern.

**Hypothesis 2** In service settings that activate clients' cognitive clarity goals in conversations with service providers, client satisfaction is higher if service providers combine high emotion recognition with lower (rather than higher) empathic concern.

We present three field studies to test these hypotheses. Study 1 pilot tests the assumption that service settings like hairdressing and psychotherapy differentially affect individuals' emotional goals in conversations with service providers. Study 2 analyzes the hypothesis that at the hairdresser's, clients respond more favorably to service providers combining emotion recognition with high empathic concern. Study 3 examines the hypothesis that in the setting of psychotherapy, clients respond more favorably to therapists combining emotion recognition with low empathic concern.

## Study 1

To test whether service settings systematically affect clients' goals in conversations with service providers, Study 1 surveyed individuals who, in the role of clients, had experience with the two service contexts chosen for this research project. As having one's hair cut is a more common experience than undergoing psychotherapy, psychotherapy clients

should be able to comment on both settings (whereas clients at the hairdressers' would not necessarily be able to do so). We therefore collected a sample of psychotherapy clients, whom we asked about their emotional goals in conversations with therapists compared to hairdressers.

## Method

### Participants and procedure

Two psychotherapists (one behavioral therapist and one therapist specialized in depth psychology) in a large city in mid Germany handed questionnaires on “expectations in psychotherapy” and envelopes to their clients. Clients anonymously filled out the questionnaire after a treatment session. The instruction to the questionnaire emphasized that clients were not to judge their own therapists but their expectations of therapists in general. They read that their information was confidential and would not be disclosed to their therapists. The questionnaire asked them to indicate their goals in both conversations with therapists and hairdressers. Participants returned the completed questionnaires to the first author in the provided sealed envelopes. In total 25 questionnaires were distributed, and clients returned 23 of them (92%). One questionnaire was empty, leaving a total of 22 questionnaires. The sample was balanced with regard to kind of psychotherapy they received (54.5% behavioral therapy). Clients' mean age was 41 years ( $SD = 12.77$ ), and 36.4% were women. Behavioral therapy clients on average reported 24 past appointments with their therapists ( $SD = 15.26$ ), depth psychology clients had on average 43 past appointments with their therapists ( $SD = 33.24$ );  $t = -1.62$ ,  $df = 12.10$ ,  $p = 0.13$ .

### Measures

Given the time-related constraints of a psychotherapy setting where clients should not be overburdened with questionnaire demands, clients' socio-affective versus cognitive clarity goals in interactions with psychotherapists were addressed by two separate items: “Talking to my therapist, my major goal is to feel at ease” (socio-affective) and “Talking to my therapist, my major goal is to solve my emotional problems” (cognitive clarity; 1 = *not at all*, 6 = *very much*). “Feeling at ease” has been shown to be a core indicator of perceived empathy in social interactions from the perspective of recipients (Mercer et al. 2005). Therefore, it is indicative of socio-affective goals, whereas the desire to solve emotional problems operationalizes cognitive goals (Nils and Rimé 2012; Rimé 2007, 2009). The questionnaire continued with stating that people may happen to disclose personal information in communication to other service providers than psychotherapists, for example to hairdressers. Again, clients were asked to comment on their goals: “Talking to my hairdresser, my

major goal is to feel at ease” and “... my major goal is to solve personal problems” (1 = *not at all*, 6 = *very much*).

In a second step, to assess clients' views of service providers' empathetic responses, we employed the empathic concern scale of the Davis Interpersonal Reactivity Index (1980). We chose the extended version of the scale consisting of 14 items. Davis (1980) demonstrated unidimensionality and discriminant validity of these items, i.e., they formed a factor separate from empathic distress, fantasy and perspective taking. We chose the extended version because compared to the 7-item version of empathic concern, it more fully captures the various facets of empathic concern as defined by Batson (2009), including sympathy, compassion, desire to help others, and concern also in reaction to others' positive emotions. All items are listed in the “Appendix”. Clients responded to each item twice. Per item, they judged to what extent a therapist agreeing on this item would come across as a caring individual (satisfying their socio-affective needs) and as helpful with solving their emotional problems (satisfying their needs for cognitive clarity; 1 = *not at all*, 6 = *very much*). Internal consistencies were  $\alpha = 0.78$  (caring) and  $\alpha = 0.84$  (helpful). Subsequently, clients repeated this assessment with regard to hairdressers by answering two questions: “Do you consider a hairdresser agreeing on these items as a caring person?” and “Do you expect talking to a hairdresser agreeing on these items to be helpful for problem solving?”. As clients might (and actually did) perceive questions on hairdressers as unusual in the context of psychotherapy, we chose these two questions instead of having clients fill out the complete empathic concern scale targeting hairdressers.

## Results

We included age and gender in the analyses because previous research suggested that both demographic variables may affect client satisfaction: For example, older customers' evaluation of service quality may be based on a more limited range of criteria due to declining information processing capacities over people's life-span (Homburg and Giering 2001). Also, previous research found female customers to be less satisfied with service quality than male customers (Iacobucci and Ostrom 1993; Lin et al. 2001; Mattila et al. 2003; Snipes et al. 2006).

As to be seen from Table 1, there was a strong correlation between gender and perceiving hairdressers scoring high on empathic concern as helpful: Men more strongly denied it. Also there was a negative correlation between client age and perceiving psychotherapists scoring high on empathic concern as caring. As expected, participants had different goals in conversations with both groups of service providers. In interactions with psychotherapists, personal problem solving was more important ( $M = 5.82$ ,  $SD = 0.40$ )

than feeling at ease ( $M=4.09$ ,  $SD=1.51$ ); the difference was significant and large,  $F(1, 21)=27.36$ ,  $p<0.01$ ,  $\eta^2=0.56$ .<sup>2</sup> At the hairdresser's, clients' priorities were vice versa, as feeling at ease ( $M=4.32$ ,  $SD=1.39$ ) was considerably more important to them than personal problem solving ( $M=1.68$ ,  $SD=1.17$ ); again, the difference was significant and large,  $F(1, 21)=58.29$ ,  $p<0.001$ ,  $\eta^2=0.74$ . Figure 1 displays the results.

Furthermore, clients agreed that the empathic concern items portrayed a caring individual ( $M=4.50$ ,  $SD=0.74$ ), but significantly less so a helpful therapist ( $M=3.52$ ,  $SD=0.78$ ); the difference was significant and large,  $F(1, 21)=32.27$ ,  $p<0.001$ ,  $\eta^2=0.61$ .<sup>3</sup> Likewise, they perceived a hairdresser agreeing on these items as a caring person ( $M=4.14$ ,  $SD=1.42$ ) but less helpful for personal problem solving ( $M=2.77$ ,  $SD=1.41$ ); the difference was smaller compared to therapists but still large,  $F(1, 21)=10.34$ ,  $p=0.004$ ,  $\eta^2=0.33$ .

## Discussion of Study 1 and introduction to Study 2

As expected, clients' emotional priorities differ in conversations with therapists and hairdressers. While they appreciate smooth interactions and social bonding in both settings, they prioritize cues for cognitive clarity in social interactions with therapists. Also, they consider a therapist describing herself as empathetic less helpful to achieve this goal: In their view, an individual who is emotionally concerned with the suffering of others seems to be a likeable person but lacking in the potential to provide cues for problem solving.

These findings provide preliminary support for our hypotheses, although the sample size was small and the results do not derive from real interactions between clients and service providers. Also, Study 1 involved indirect measures of service providers' empathic concern, because it exclusively relied on clients' self-reports. It is difficult to know how this may have influenced the results: While common method variance inflates correlations between variables, the unreliability of measurement involved attenuates them (Conway and Lance 2010). Notably, the attenuation factor has been shown to offset the inflation factor (Lance et al. 2010). More importantly, however, Study 1 did not

asses emotion recognition ability of service providers, which we assume to interact with empathic concern. We therefore performed two field studies analyzing clients' perceptions of real interactions with service providers depending on service providers' emotion recognition and empathic concern: Study 2 analyzes client satisfaction at the hairdresser's, and Study 3 repeats the analysis with psychotherapy clients and their therapists.

## Study 2

### Method

#### Participants and procedure

In total 57 hairdressers and 361 clients participated in the study. Hairdressers in an urban area in mid Germany were invited to participate in a study on client satisfaction. Of the 145 hairdressers who were contacted, 64 (44%) agreed to participate. The hairdressers worked in 30 different shops, so that on average, 2.1 hairdressers ( $SD=1.2$ ) per shop participated (range 1–5). Of the 57 hairdressers who filled out the online questionnaire (see “Measures” below), 24 (42.1%) were the owners of the hair salons.<sup>4</sup> The hairdressers (87.5% female) were 39 years of age on average ( $SD=11.95$ ; range 21–65 years). Their mean professional experience spanned 21.5 years ( $SD=12.8$ ). Half of the participants (51%) had left school after 8 years, the rest after 10 or more years. The hairdressers were sent a link to an online questionnaire measuring their emotion recognition ability and empathic concern (see “Measures” below). Subsequently, the hairdressers received paper-and-pencil client satisfaction forms and envelopes to distribute them among their adult clients. Code words served to match hairdressers' questionnaires with client ratings. Clients were asked to evaluate the most recent interaction with the hairdressers, and they received written information that their evaluations would not be disclosed to the hairdressers. They filled out the questionnaires on the spot after their styling was finished. They put their rating forms into the provided envelopes and sealed them, upon which a research assistant collected the envelopes. To thank the hairdressers for their efforts, they received a personality profile based on their data in the initial online questionnaire.

On average, hairdressers provided five client ratings ( $SD=1.9$ ), whereas 23.5% of hairdressers provided between six and ten client ratings. The total number of client ratings was 361. The majority of clients (77.2%) were women (mean age  $M=47$  years,  $SD=15.13$ ) and long-term customers of

<sup>2</sup> Feeling at ease was more important to behavioral therapy clients than psychoanalysis clients, ( $M_{BT}=4.75$ ,  $SD=1.48$  vs.  $M_{PA}=3.30$ ,  $SD=1.16$ ),  $t(20)=2.51$ ,  $p=0.02$ . Solving problems was equally important to both client groups, ( $M=5.75$ ,  $SD=0.45$  vs.  $M=5.90$ ,  $SD=0.32$ ),  $t(20)=-0.88$ ,  $p=0.39$ .

<sup>3</sup> Restricting the analyses to the 7-item version of empathic concern did not change the results: Clients agreed that the empathy items portrayed a caring individual ( $M=4.29$ ,  $SD=0.85$ ), but significantly less so a helpful therapist ( $M=3.24$ ,  $SD=0.89$ ); the difference was significant and large,  $F(1, 21)=32.27$ ,  $p<0.001$ ,  $\eta^2=0.58$ .

<sup>4</sup> Eight participants (14%) did not mention their hierarchical position.



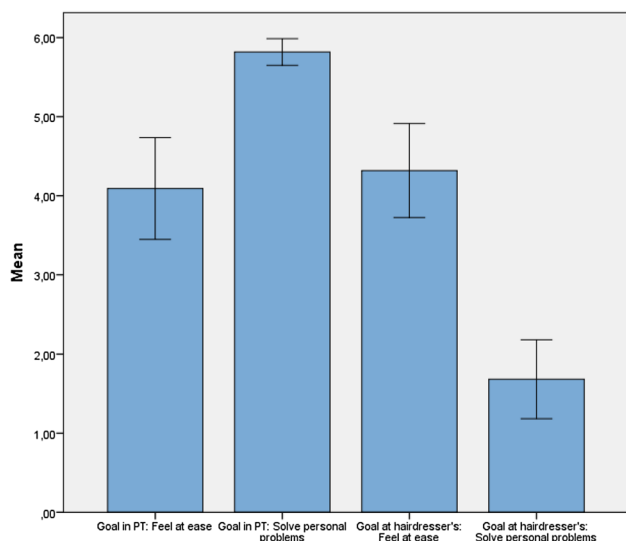
**Table 1** Descriptive statistics and intercorrelations of variables in Study 1

	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13
1 Gender <sup>a</sup>	0.636	0.49													
2 Age	41.09	12.77	-0.101												
3 Therapy <sup>b</sup>	0.45	0.51	-0.069	0.279											
4 Number of sessions	32.36	26.29	0.003	-0.167	0.360										
5 Goal at psychotherapist's (PT): feel at ease	4.09	1.51	-0.338	-0.129	-0.490*	-0.480*									
6 Goal at PT's: clarify problems	5.82	0.40	-0.111	0.032	0.194	-0.227	0.029								
7 Perceiving PT as caring	4.50	0.74	-0.215	-0.391	-0.343	-0.105	0.189	0.268							
8 Perceiving PT as helpful	3.52	0.78	-0.047	-0.354	-0.207	0.215	0.070	-0.133	0.429*						
9 Satisfaction with PT	3.70	0.92	-0.272	0.005	-0.257	-0.212	0.555*	-0.167	0.333	0.403					
10 Goal at hairdresser's (H): feel at ease	4.32	1.39	-0.240	0.384	-0.213	-0.443*	0.484*	0.283	0.208	-0.083	0.143				
11 Goal at H's: clarify problems	1.68	1.17	-0.210	0.391	0.254	-0.417	0.098	0.178	-0.020	-0.423*	0.135	0.211			
12 Perceiving H as caring	4.14	1.42	0.142	-0.229	-0.155	0.252	0.038	0.216	0.162	0.274	0.283	0.0012	-0.373		
13 Perceiving H as helpful	2.77	1.41	-0.604**	0.120	0.084	-0.209	0.345	0.435*	0.352	0.022	0.433	0.426*	0.444*	0.016	
14 Satisfaction with H	3.43	0.98	0.044	-0.217	-0.128	0.185	0.323	0.345	0.158	0.145	0.268	0.051	-0.213	0.818**	0.097

\* $p \leq 0.05$ ; \*\* $p \leq 0.01$

<sup>a</sup>0 = female; 1 = male

<sup>b</sup>0 = behavioral therapy; 1 = depth psychology



**Fig. 1** Clients' goals in psychotherapy (PT) versus at the hairdresser's (Study 1). Whiskers denote  $\pm 2$  SE

the hair salons ( $M = 7.2$  years,  $SD = 7.6$ ). On average they had their hair cut every 7.5 weeks ( $SD = 4.3$ ).

## Measures

### Emotion recognition

Hairdressers' emotion recognition abilities were measured with the Diagnostic Analysis of Nonverbal Accuracy Scale (DANVA2; Nowicki 2010; Nowicki and Duke 1994, 2001). We used the subtest requiring participants to judge the facial expressions of adults, which is a valid and reliable measure of emotion recognition (Cherniss 2010) and has been widely used in work-related settings (e.g., Bechtoldt et al. 2011, 2013; Elfenbein and Ambady 2002; Rubin et al. 2005). Twenty-four photographs show adult faces displaying happiness, anger, fear, or sadness at high or low intensity. Responses were judged as right (1) or wrong (0). Internal consistency was lower than reported in the manual ( $\alpha = 0.58$  vs. 0.78; Nowicki 2010), but similar to previous studies in work settings (e.g., Bechtoldt et al. 2011).

### Empathic concern

Hairdresser's empathic concern was assessed as in Study 1 by the Davis Interpersonal Reactivity Index (1980). We again used the extended version comprising 14 items to fully capture the various facets of empathic concern. Response

alternatives ranged from 1 ("do not agree at all") to 6 ("agree completely"). Internal consistency was  $\alpha = 0.83$ .<sup>5</sup>

### Client satisfaction

Clients expressed their overall satisfaction with the recent service experience on a five-item scale by Hennig-Thurau et al. (2006), for example, "This service experience was a great one," "I am delighted by this service experience" (1 = do not agree at all to 6 = agree completely). Internal consistency was  $\alpha = 0.93$ .

### Task performance

Clients evaluated hairdressers' manual task performance on a four-item scale by Price et al. (1994) and judged to what extent them as *capable*, *efficient*, *organized*, and *thorough* (1 = do not agree at all to 6 = agree completely). Internal consistency was  $\alpha = 0.91$ .

## Results

Overall, clients were highly satisfied ( $M = 5.69$ ,  $SD = 0.69$ ). Intraclass correlations (ICC) for both client satisfaction and client ratings of hairdressers' task performance were low with  $ICC = 0.05$  for overall client satisfaction and 0.12 for hairdressers' task performance. These values indicated that per hairdresser, there was large variance between clients' ratings, thereby limiting the potential impact of hairdressers' emotion recognition and empathic concern on client ratings. Table 2 displays descriptive statistics and intercorrelations. Neither client gender nor age significantly covaried with client satisfaction or perceived task performance; likewise, neither hairdresser gender nor age did. As to be expected, regular clients were more satisfied and evaluated hairdressers' task performance more positively. Neither hairdressers' emotion recognition nor empathic concern correlated with client satisfaction or task performance. There was a medium positive correlation between hairdressers' emotion recognition ability and their self-reported empathic concern.

Hypotheses were analyzed with multilevel regression analyses in Mplus (Muthén and Muthén 1998–2011) taking into account the nested structure of the data (i.e., clients nested within hairdressers). We did not control for hairdressers' gender and age in the analyses, as control variables which are uncorrelated with the dependent variables reduce power (Becker 2005).<sup>6</sup> However, we controlled for whether participants were regular clients at the respective

<sup>5</sup> We checked the internal consistency of the 7-item version as well, which was lower ( $\alpha = 0.72$ ).

<sup>6</sup> Including them did not change the results.

**Table 2** Descriptive statistics and intercorrelations of variables in Study 2

		<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8
1	Customer gender	0.23	0.42								
2	Customer age <sup>a</sup>	46.75	15.13	−0.281*							
3	Regular customer	0.95	0.23	−0.076	0.206*						
4	Hairdresser gender <sup>a</sup>	0.14	0.35	0.158*	0.038	0.045					
5	Hairdresser age	39.17	11.95	−0.040	0.344*	−0.019	0.315*				
6	Emotion recognition	17.67	2.87	−0.077	−0.069	−0.050	−0.176*	−0.337*			
7	Empathic concern	4.86	0.55	0.032	−0.024	0.060	−0.247*	−0.262*	0.338*		
8	Client satisfaction	5.69	0.69	−0.096	0.086	0.264*	0.030	0.037	0.029	0.021	
9	Task performance	5.79	0.46	−0.066	0.064	0.281*	0.051	0.015	0.000	0.028	0.644*

\* $p \leq 0.01$

<sup>a</sup>0 = female; 1 = male

**Table 3** Multilevel regression analyses of client evaluations on hairdressers’ emotion recognition and empathic concern (Study 2)

	Client satisfaction			Service provider’s task performance (Client rating)		
	Estimate	<i>SE</i>	<i>t</i>	Estimate	<i>SE</i>	<i>t</i>
Level 1						
Regular client <sup>a</sup>	0.45	0.14	3.10**	0.46	0.20	2.32*
Level 2						
Emotion recognition (ER)	0.06	0.03	2.00*	0.03	0.03	0.92
Empathic concern	< 0.01	0.03	0.15	0.01	0.02	0.55
ER × empathic concern	0.07	0.03	2.85**	0.07	0.02	3.13**

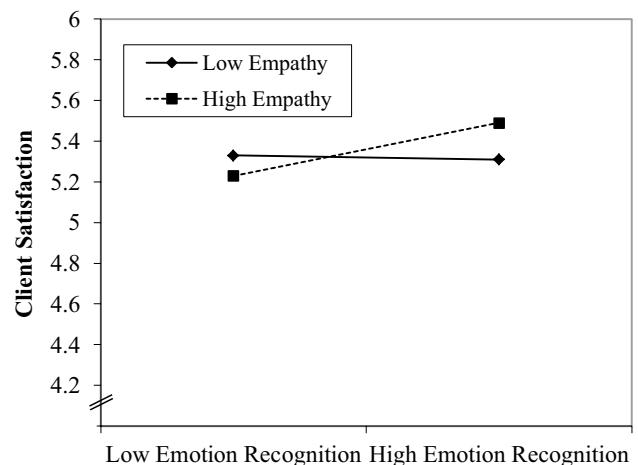
\* $p \leq 0.05$ ; \*\* $p \leq 0.01$

<sup>a</sup>0 = no; 1 = yes

hairdresser’s to account for positive biases in their judgments. Next, we included the main effects of hairdressers’ emotion recognition, empathic concern, and their interaction. Prior to building the interaction term, empathic concern and emotion recognition were standardized (Aiken and West 1991). Significant interactions were further inspected by simple slope analyses. Table 3 displays the results.

**Client satisfaction**

There was a significant effect of hairdressers’ emotion recognition, suggesting that perceptive hairdressers had more satisfied clients; empathic concern was not significantly related to client satisfaction. More importantly, in line with what was expected, the main effect of emotion recognition was moderated by hairdressers’ empathic concern (see Fig. 2)<sup>7</sup> When hairdressers’ empathic concern was high, the



**Fig. 2** Interaction of hairdressers’ emotion recognition and empathic concern on client satisfaction (Study 2)

<sup>7</sup> Using the 7-item version of empathic concern did not change the results. Running an additional model including client gender and age as well as hairdressers’ gender and age, the interaction was marginally significant, *Est.* = 0.044, *SE* = 0.025, *t* = 1.797, *p* = 0.072.

association was positive, *Est.* = 0.13, *SE* = 0.05, *t* = 2.73, *p* < 0.01; the association diminished when empathic concern was low, *Est.* = −0.01, *SE* = 0.03, *t* = −0.34, *p* = 0.73. Therefore, Hypothesis 1 was supported: at the hairdresser’s,

clients responded more positively to service providers combining emotion recognition with high empathic concern.

### Task performance

Although there was no hypothesis linking hairdressers' emotion recognition and empathic concern with clients' ratings of hairdressers' manual task performance, the effects were similar to the above mentioned results. While there was no main effect of hairdressers' emotion recognition or empathic concern, again there was a positive interaction of both variables:<sup>8</sup> Clients perceived hairdressers combining emotion recognition with high empathic concern as more thorough, organized, and efficient,  $Est. = 0.09$ ,  $SE = 0.04$ ,  $t = 2.02$ ,  $p = 0.04$ . When perceptive hairdressers' empathic concern was low, clients judged their performance significantly worse, that is, the association between hairdressers' emotion recognition and clients' evaluation of task performance became negative,  $Est. = -0.05$ ,  $SE = 0.02$ ,  $t = -2.10$ ,  $p = 0.04$ .

### Discussion of Study 2 and introduction to Study 3

Conversations with hairdressers are examples of everyday interactions where individuals may spontaneously share their emotions. As shown in Study 1, in these interactions clients tend to pursue socio-affective goals, implying that they strive for social bonding, emotional support and validation of their experiences. Therefore, hairdressers accurately identifying their clients' emotional states *and* being empathically concerned with what they perceive were expected to be more responsive to clients' expectations than equally perceptive but less empathetic colleagues. As expected, clients more favorably evaluated hairdressers who were perceptive and empathetic. They also judged them as more organized, thorough, and efficient, indicating a potential halo effect (Asch 1946). While these interactive effects of emotion recognition and empathic concern were small, they were found in a sample of clients who had known these hairdressers for years and who therefore may be considered to be positively biased towards hairdressers' service quality. Given this range restriction in client satisfaction variance, the results probably reflect the lower bound of effects to be found in a randomized sample of clients. More importantly, they show that even in long-term client relationships, service providers' emotional abilities and empathic concern remain significant.

In many ways, social interactions between clients and hairdressers are representative of other work settings where individuals spontaneously disclose personal information in

social interactions. In the specific context of psychotherapy, however, clients seek cognitive clarity and emotional problem solving. People share their emotions because they expect advice and cues for reframing emotional experiences or creating meaning. Adequate assessment of clients' emotional states is a sine qua non in these instances. Also, psychotherapists need to create an atmosphere of trust and dependability where clients are willing to open up, and empathic concern may help to achieve this. However, therapists who feel strongly touched by the emotional suffering of their clients may fail to provide new insights and problem-solving skills. Accordingly, they may fail to meet their clients' expectations. While results from Study 1 provided preliminary support for this hypothesis, Study 3 analyzed it directly by having clients' evaluate their actual interactions with therapists.

## Study 3

### Method

#### Participants and procedure

Forty-six psychotherapists and 211 clients participated in this study. Participating therapists were addressed individually or came from psychotherapy training institutes and supervision groups of an urban area in mid Germany. Sixty-five psychotherapists initially agreed to participate, and 46 actually did (70.8%). These therapists were 43 years on average ( $SD = 13.80$ ; range 26–66 years) and most of them (87%) were females. Their average professional experience as psychotherapists spanned 11 years ( $SD = 11.23$ ); the median was 4 years, so half of the sample were still in the early phase of their careers, whereas 20% had worked in their jobs for more than 25 years. Most of the participants (73.9%) were behavioral therapists, the remaining therapists offered depth-oriented psychotherapy and/or psychoanalysis. As in Study 2, the psychotherapists filled out an online questionnaire (see "Measures" below). Afterwards, they distributed paper-and-pencil forms among their clients who were asked to rate their satisfaction with the most recent therapy session (see "Measures" below). The therapists were asked to hand out the evaluation forms at the end of a therapy session. Through written information, the clients were assured that their evaluations would not be disclosed to their therapists. Clients put their evaluation forms in envelopes provided, sealed them and either sent them back to the first author or handed them to the secretary office of their respective clinic or practice, from where two research assistants of the first author collected them. Separately from their clients, therapists reported the clients' diagnoses according to ICD-10 (WHO 2011) standards and the number of sessions they

<sup>8</sup> Using the 7-item version of empathic concern (with or without gender and age of clients and hairdressers) did not change the results.

**Table 4** Descriptive statistics and intercorrelations of variables in Study 3

		<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1	Gender client <sup>a</sup>	0.33	0.47							
2	Age client	38.13	14.71	−0.012						
3	Number of sessions	23.06	28.84	−0.105	0.223**					
4	Gender psychotherapist <sup>a</sup>	0.13	0.34	0.338**	−0.078	−0.017				
5	Age psychotherapist	43.18	13.80	−0.280**	0.243**	0.367**	0.059			
6	Emotion recognition	19.14	2.79	0.248**	−0.081	−0.191**	−0.025	−0.495**		
7	Empathic concern	4.45	0.51	−0.097	0.088	0.065	−0.166*	0.092	0.077	
8	Client satisfaction	5.04	0.47	−0.222**	0.142*	0.005	0.027	0.154*	−0.097	−0.041

\* $p \leq 0.05$ ; \*\* $p \leq 0.01$

<sup>a</sup>0 = female; 1 = male

had worked with these clients prior to the study. Clients' and therapists' forms were matched by pre-assigned code words. To thank the therapists for their efforts, they received individual feedback about their performance in the emotion-recognition test.

Most psychotherapists (82.6%) asked five clients to fill out the evaluation forms. For the remaining part of the sample, there were between 2 and 4 client evaluation forms per therapist. The clients were 38 years of age on average ( $SD = 14.71$ ) and two-thirds were females. Their primary diagnoses according to ICD-10 (WHO 2011) were affective disorders (33.2%), posttraumatic stress disorders (18.5%), anxiety disorders (14.2%), drug abuse (17.1%), somatoform disorders (2.4%), eating disorders (2.4%), obsessive compulsive disorders (1.4%), or other disorders (including sleeping, sexual, or gambling disorders).<sup>9</sup> The clients had known their psychotherapists for a long time, as on average it was the 23rd session that they evaluated ( $SD = 28.84$ ). The range in the number of previous sessions was large (2–162); the extremely high numbers were reported by those clients undergoing psychoanalysis.

## Measures

### Emotion recognition

Psychotherapists' emotion recognition was assessed as in Study 2. Internal consistency was  $\alpha = 0.64$ .

### Empathic concern

Psychotherapists' trait empathic concern was assessed as in Study 2. Internal consistency was  $\alpha = 0.79$ .<sup>10</sup>

<sup>9</sup> For eight patients, no diagnosis was available.

<sup>10</sup> Internal consistency of the seven item version was lower with  $\alpha = 0.69$ .

*Client satisfaction* was assessed with a specific questionnaire on client satisfaction in psychotherapy, the Bern Post Session Report for Patients (BPSR-P 2000; Flückiger et al. 2010). It is a process measure of satisfaction in psychotherapy and has been validated in several studies (e.g., Smith and Grawe 2000; Stangier et al. 2009, 2011). The theoretical background of the questionnaire is multidisciplinary, so it is applicable in psychotherapies of diverse theoretical backgrounds. It consists of 22 items targeting core process elements of successful therapy (Grawe 2000), like problem clarification (“Today we got closer to the core of my problems”), increase in self-worth (“Currently I feel that my therapist supports me in becoming my ideal self”), coping (“Now I feel more confident to solve my problems on my own”) and rapport between clients and therapists (“The psychotherapist and I got along well with each other”). The questionnaire does not aim at the reliable measurement of certain subcomponents but at the comprehensive assessment of client satisfaction (Flückiger et al. 2010). Therefore, certain subcomponents are measured with single items only (e.g., clients' perception of therapy progress). Accordingly, to ensure reliability, client satisfaction was measured by averaging across items. Clients were asked to evaluate the therapy session that had just ended. They responded on 6-point scales (1 = *does not apply at all*, 6 = *applies completely*). Internal consistency of the total value of client satisfaction combining all items was  $\alpha = 0.84$ .

## Results

On average, clients' satisfaction was high,  $M = 5.04$ ,  $SD = 0.48$ . Similar to Study 2, the ICC for client satisfaction was low (0.07), indicating that for each therapist, there was large variance among clients' evaluations. As to be seen from Table 4, there was a weak but significant correlation between gender and client satisfaction, indicating that men were less satisfied with psychotherapy, whereas clients of higher age were significantly more satisfied. Also, clients

**Table 5** Multilevel regression analyses of client satisfaction on psychotherapists' emotion recognition and empathic concern (Study 3)

	Client satisfaction (total value)		
	Estimate	SE	t
Level 1			
Age client	<0.01	<0.01	2.64**
Gender client <sup>a</sup>	-0.27	0.08	-3.46**
Level 2			
Age psychotherapist	<0.01	<0.01	0.61
Gender psychotherapist <sup>a</sup>	0.17	0.08	2.23**
Emotion recognition (ER)	0.03	0.03	0.86
Empathic concern	-0.02	0.03	-0.63
ER × empathic concern	-0.07	0.03	-2.42*

\* $p \leq 0.05$ ; \*\* $p \leq 0.01$ <sup>a</sup>0 = female; 1 = male

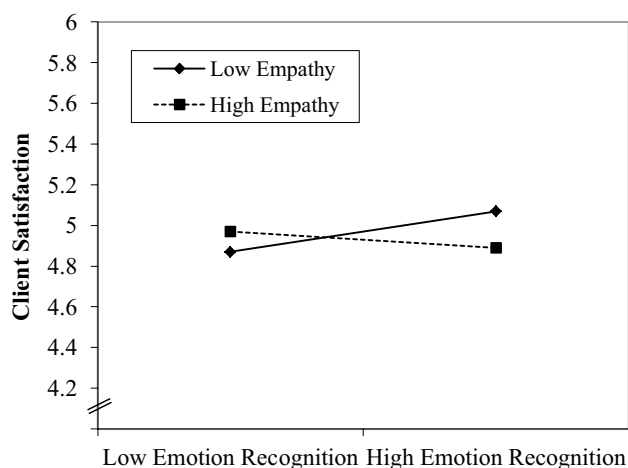
were more satisfied with older psychotherapists, whereas the number of past psychotherapy sessions was irrelevant. Male psychotherapists reported lower empathic concern than female therapists but the correlation was weak. However, there was a strong negative correlation between therapists' age and emotion recognition ability. This finding was in line with previous research suggesting a decline in emotion recognition over people's life-span (e.g., Mill et al. 2009). Still, the sample of psychotherapists scored higher on emotion recognition than the sample of hairdressers in Study 2. On average, they recognized 19 out of 24 facial expressions, whereas the hairdressers interpreted about 18 faces correctly; the difference was significant,  $t = 2.71$ ,  $p = 0.01$ ,  $d = 0.53$ . Given psychotherapists' extensive training on emotions and emotion regulation, their superior performance was in line with expectations.

Neither psychotherapists' emotion recognition nor empathic concern was correlated with client satisfaction. Also, in contrast to Study 2, therapists' emotion recognition was not associated with therapists' self-reported empathic concern.

As in Study 2, multilevel regression analysis took into account the nested structure of the data (i.e., patients nested "within" therapists). Given the significant correlations of demographic variables with client satisfaction we controlled for both clients' and psychotherapists' gender and age before entering emotion recognition and empathic concern.

Table 5 shows that neither therapists' emotion recognition nor empathic concern were significantly associated with client satisfaction but their interaction was.<sup>11</sup> As expected, the interaction term was negative, indicating that clients were

<sup>11</sup> Using the 7-item version of empathic concern, which had a lower reliability, the interaction was  $Est. = -0.047$ ,  $SE = 0.026$ ,  $t = -1.774$ ,  $p = 0.076$ .

**Fig. 3** Interaction of psychotherapists' emotion recognition and empathic concern on client satisfaction (Study 3)

more satisfied when psychotherapists combined high emotion recognition with low empathic concern. Simple slope analyses confirmed that therapists' emotion recognition was positively related to client satisfaction when therapists' empathic concern was low,  $Est. = 0.10$ ,  $SE = 0.04$ ,  $t = 2.25$ ,  $p = 0.03$  (see Fig. 3). When therapists' empathic concern was high, there was no significant relationship between therapists' emotion recognition and client satisfaction,  $Est. = -0.04$ ,  $SE = 0.04$ ,  $t = -0.99$ ,  $p = 0.32$ . Supporting Hypothesis 2, these findings show that clients responded more positively to therapists combining high emotion recognition ability with low (instead of high) empathic concern.

## General discussion

We investigated how service providers' ability to recognize emotions and empathic concern interact to shape client satisfaction as a function of the service context. Previous research had revealed inconsistent findings regarding the relationship between emotion recognition and work outcomes. In order to contribute to a more complete understanding of this relationship, we examined whether service providers' empathic concern moderates the impact of their emotion recognition on client satisfaction. Moreover, we examined how these relationships differ as a function of the service context.

As expected, at the hairdresser's, clients were more satisfied with service providers combining emotion recognition with high empathic concern; they also perceived these hairdressers as more competent overall. Vice versa, clients in psychotherapy were more satisfied with psychotherapists combining emotion-recognition ability with low empathic concern. Perceptive psychotherapists who felt strongly touched by what they perceived apparently helped their

clients less to overcome their problems. These findings provide novel insights into when and why emotion recognition relates to positive work outcomes: First, empathic concern moderates the relationship between emotion recognition and client satisfaction. When emotion recognition is not paired with the “right level” of empathic concern, identifying interaction partners’ emotions does not automatically lead to increased performance. Second, whether emotion recognition should be combined with high or low empathic concern depends on the type of service interaction. When clients primarily have socio-affective goals for sharing emotions (as they do at the hairdresser’s), they are more satisfied with service providers who combine high emotion recognition ability with high empathic concern. Conversely, when clients share emotions because they predominantly strive for more cognitive clarity (as they do at the psychotherapist’s), they are more satisfied with service providers who combine high emotion recognition ability with low empathic concern.

### Theoretical and practical implications

These results demonstrate the importance of high empathic concern in everyday service interactions. When interacting with clients in day-to-day service contexts where clients have socio-affective goals, properly recognizing their emotions and combining this with high empathic concern positively relates to client satisfaction. These findings can inform the selection and assessment of service personnel. However, when clients share emotions because they are struggling and want to regain mastery over their affective states to accomplish their goals, service providers need to be perceptive but should not respond with high empathic concern. These results concerning client satisfaction in psychotherapy correspond with early case studies on psychotherapists’ effectiveness tracing back to the 1970s, when Ricks (1974) compared the well-being of adults who as adolescents had been treated by two different psychotherapists. These adolescents had nicknamed one of the therapists “supershrink.” His former clients had indeed obtained excellent long-term outcomes, whereas those of the other psychotherapist felt significantly worse. While the supershrink was characterized as straightforward and active in his approach, the unsuccessful therapist had case notes documenting feelings of being overwhelmed and discouraged by his clients’ disorders. Although the empathic concern items used in this research project were clearly different from empathic distress, there is a positive association between empathic concern and co-suffering. This becomes clear on item inspection of the empathic concern scale (Davis 1980), including, for example, items like “When someone gets hurt in my presence, I feel sad and want to help him.” The sympathy involved and spontaneous desire to help, which are typical for empathic concern, seem to be of no avail from the client’s perspective to master their emotional problems.

Do these findings suggest that psychotherapists and other service providers in similar settings should nurture their emotion recognition and abandon empathic concern? No, they do not because therapists’ emotional ability alone was not sufficient for clients to be satisfied—there was no main effect of emotion recognition. Second, it is important to keep in mind that our results refer to therapists’ self-report empathic concern. Therapists’ self-ratings of empathy have been shown to be independent from client-observed empathy ratings (Elliott et al. 2011). So our results do not suggest that clients disapprove of empathic concern; they show that therapists’ self-report empathic concern does not result in behavior that patients perceive as positive and helpful. Core aspects of empathic concern—sympathy, pity, sharing someone’s emotional pain—may satisfy individuals’ socio-affective motives (Rimé 2007, 2009) but they do not provide the professional guidance that clients desire if they pursue cognitive clarity goals. At the same time, therapists are challenged to build rapport with clients, and empathic concern has been shown to strengthen social bonds between parties (Preston and De Waal 2002). The question therefore is how to strengthen the positive aspects of empathic concern while reducing the less useful elements. The answer might be to nurture compassion instead of concern. The unique characteristic that differentiates compassion from concern is a loving-kindness component. Recent evidence from the neurosciences shows that it is this component which may shield individuals against stress (Klimecki et al. 2014): Individuals who received compassion training subsequently experienced positive emotions and had warm feelings for others who were in pain; on the contrary, individuals who had learned to foster their empathy experienced negative emotions and strain, which corresponded to heightened activity of brain regions involved in the experience of pain (Klimecki et al. 2014). Individuals practicing empathy were encouraged to be in close emotional contact with their own past suffering and extend this exercise to the suffering of others. Individuals practicing compassion also visualized themselves when they had felt bad but in addition they were encouraged to generate a warm and caring attitude towards themselves. Subsequently, they generalized this caring attitude towards the suffering of others. Combined with the findings of this research project, we suggest that in particular service providers in the helping professions need to be aware of these differences to circumvent the negative effects of empathic concern.

On a more positive note, future research needs to identify if compassion combined with emotion recognition indeed relates to higher client satisfaction in contexts such as counseling, psychotherapy, training, or teaching. Besides, we suggest a more refined terminology in both research and practice, which clearly differentiates between the related concepts of empathy, compassion and sympathy, as empirical evidence accumulates as to their differential effects. To

date, theoretical definitions of these constructs largely overlap (Bernhardt and Singer 2012, p. 3).

This research goes beyond previous research on emotion recognition at work by taking an integrative perspective on individual-level and contextual moderators. Using different types of data, including performance-oriented measures, self-report data and third-party ratings, it shows that across work settings, the same emotional skills may evoke dissimilar reactions from interaction partners. We deliberately chose a mixture of assessment procedures to support the validity of our findings: Construct-valid assessment of emotion recognition, which is a core component of emotional intelligence, requires performance-oriented measurement methods instead of self-reports (see Joseph and Newman 2010) because people's ability self-reports do not strongly overlap with their objective performance (Paulhus et al. 1998). Second, we used self-report data for empathic concern because we were interested in service-providers' habitual affective responses to others' affective states. Finally, we employed client self-report measures of satisfaction because clients are the most valid source of information about their own satisfaction. These features lend credibility to our results (Conway and Lance 2010). Thus, the results may help to understand seemingly inconsistent associations between emotion recognition and work-related outcomes in previous work (e.g., Tickle-Degnen 1997). Other settings like training, coaching, and teaching can be argued to be similar in terms of clients' goals when they express emotions. Future research should examine the generalizability of our findings to such settings.

## Limitations

The current study also has some limitations. Given that the data reported in this paper are not longitudinal, one may argue that they throw a spotlight on the effects of emotional abilities in different service contexts. For example, over time the combined effects of therapists' emotion recognition and empathic concern might positively relate to client satisfaction when clients experience psychological safety with these therapists. Repeated measurement designs are necessary to clarify these questions. Second, while satisfaction is a core indicator of service quality, it is not congruent with treatment outcomes in psychotherapy. It may in fact be necessary to provoke clients' dissatisfaction by challenging their traditional views without offering ready-made solutions to improve their well-being. Still, client satisfaction qualifies as a valuable indicator of therapists' performance because it predicts commitment to therapy. As more satisfied clients will be more committed, therapists need to care about their satisfaction. Third, future studies should replicate the results with larger samples, even though simulation studies testing the robustness of multilevel parameters showed that with sample

sizes like those reported here (about 50 service providers, five clients per service provider, and small intraclass correlations) parameter estimates were robust and accurate (Maas and Hox 2005). Finally, psychotherapy and hairdressing are highly different contexts which not only affect clients' emotional goals but where professionals differ as to their emotional skills. Future studies might analyze more similar professions like psychosocial field work versus rehabilitation work, where in previous research service providers' emotion recognition yielded opposite outcomes (Tickle-Degnen 1997). Other settings like training, coaching, and teaching can be argued to be similar in terms of clients' goals when they express emotions. Future research should examine the generalizability of our findings to such settings.

However, in this research, we deliberately selected these two settings to represent the broader contextual differences we aimed to examine based on our theoretical model. Direct contextual comparisons are rare in the literature on empathic concern (for a recent review, see Pauw et al. 2018), and we believe that such comparisons can provide insight into the contingencies of the effectiveness of emotional reactions to the suffering of others. There is a tacit yet widespread assumption in the literature that showing empathic concern is always beneficial. Our comparison of two different settings points to a need to nuance this assumption while at the same time adding greater depth and novel insight to the literature. For instance, it is typically assumed and found that people who emotionally suffer tend to desire socio-affective rather than cognitive support, even if cognitive support is known to be more effective in certain situations. Our study provides evidence that the desire for and the effectiveness of socio-affective support as shaped by the combination of empathic concern and emotional intelligence differs across situations. Notwithstanding, future research needs to examine the generalizability of our findings and the boundary conditions of the effects we found.

## Conclusion

We conclude that emotion-recognition ability and empathic concern matter in service jobs requiring intense interactions with clients. The results show that service providers' emotion recognition and empathic concern jointly predict client satisfaction. In standard service settings where clients may happen to share their emotions, clients are more satisfied with perceptive and empathetic service providers. In service settings where clients' emotional expectations are more deep-rooted in that they want to overcome emotional problems, they are more satisfied when service providers combine high emotion-recognition ability with low empathic concern. In other words, situational contexts moderate the effect of affective responses to clients' emotional signals in a



predictable manner. For service providers it is not sufficient to be perceptive to their clients' emotions—they also need to recognize why their clients are sharing their emotions.

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## Appendix

### Empathic concern items

1. When someone gets hurt in my presence, I feel sad and want to help him.
2. When a friend tells me about his good fortune, I feel genuinely happy for him.
3. I feel sad when I see a lonely stranger in a group.
4. I care for my friends a great deal.
5. When I see someone being taken advantage of, I feel kind of protective toward them.\*
6. Seeing warm, emotional scenes melts my heart and makes me teary-eyed.
7. Occasionally I am not very sympathetic to my friends when they are depressed.
8. When I watch a sad, “tear-jerker” movie, I almost always have warm, compassionate feelings for the characters.
9. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.\*
10. I often have tender, concerned feelings for people less fortunate than me.\*
11. I would describe myself as a pretty soft-hearted person.\*
12. Sometimes I don't feel sorry for other people when they are having problems.\*
13. Usually I am not extremely concerned when I see someone else in trouble.\*<sup>a</sup>
14. I am often quite touched by things that I see happen.\*

\*Item used in the abbreviated version of the scale as reported in Davis (1980)

<sup>a</sup>In the abbreviated version, item was replaced with “Other people's misfortunes do not usually disturb me a great deal.”

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