Empathy insertion in Cognitive-Behavioural Psychotherapy

Odette Dimitriu *

Faculty of Psychology, Titu Maiorescu University, Calea Văcărescu, nr. 187, sector 4, Bucharest, 040051, Romania

Abstract

This study aims at investigating the empathic dimension within Cognitive-Behavioural Psychotherapy (CBT). For the purpose of measuring emotional and predictive empathy, Questionnaire Measure of Emotional Empathy and Dymond Intuition and Empathy Scale have been applied. Our research focused on a thorough analysis related to the assessments and projections carried out by therapists and patients according to the hypostases offered by Dymond scale. The sets of criteria were: pleasant-unpleasant, cooperative-distant, relaxed-stressed, generous-selfish, assertive-non-assertive, decided-undecided. Empathic understanding fosters a type of collaboration between therapist and patient that allows for the effective execution of CB interventions.

Keywords: Cognitive-Behavioural Therapy (CBT), empathic understanding, emotional empathy, predictive empathy, dysfunctional interpersonal schemas

1. Introduction and theoretical perspectives

The spiritual father of the empathy theory is considered to be Lipps (1906) who introduces the term of Einfühlung (empathy) in psychology. In the Romanian psychology, empathy is considered as a way whereby the individual adapts in his relationship with the others and it differs from each other person. The famous Romanian researcher Marcus (1997) considers empathy as “a psychical phenomenon of reliving the other’s statuses, thoughts and actions, acquired by psychological transposition of the ego into an objective model of human behaviour,
allowing understanding the way the other construes the world.” It would be difficult to assume a person adapted to life circumstances avoiding an empathic behaviour towards partners, excepting for the social non-adaptation forms which verge on the pathologic. Within the scope of the normal, we speak about degrees of empathy and not about non-empathic types, thus being entitled to consider empathy as a common personality feature.

Rogers (1959), considered as the most influential theoretician of empathy in the field of psychotherapy, thinks that being empathic means to perceive accurately the internal reference framework of other individual, with all its emotional elements and meanings belonging to it “as if” you were the other person, but without loosing the “as if” condition. The perception of this internal reference framework of other individual supposes an ample cognitive, emotional, motivational process, and vegetative reactions.

The theories of the therapeutic alliance place empathy in the centre of therapeutic relation. The last years, Bohart & Greenberg (1997) and Clark (2007) have brought significant contributions related to the empathy and psychotherapy relation. But there are numerous researchers calling the attention upon the fact that however there are few theoretical developments and systematic researches related to the empathy insertion in the actual psychotherapies scope. This study aims at examining and deepening the empathy role in the psychotherapeutic relation within the CBT. Therapeutic techniques focus to identify the automatic negative thoughts of the patient and to change such negative thoughts as well as their related behaviours. By rationalization, the therapist proves to his patient the relation between thinking, feeling and behaviour, starting from the cognitive model of depression (Beck, 1967). Basically, CB therapist explores the patient’s vision on the world through some nondirective procedures. The therapist’s intention is to see the world through his patient’s eyes, rather than to contest or to confront his patient’s thoughts. The patient’s answers to the empathic comments of the therapist denote the fact that the patient feels really understood by his therapist (Safran and Segal, 1990).

2. Method, participants and measures

Two lots have been established, one consisting of 20 psychotherapists of CB orientation, the other of 100 patients (each psychotherapist being in relation with 5 patients) presenting anxious and depressive disorders. As for the therapists’ distribution according to gender and age, 16 therapists had the age ranging between 25-40 years and 4 therapists over 41 years, 15 therapists of female gender and 5 of male gender. Regarding the patients’ distribution, 53 of them had ages ranging between 16 – 30 years, 28 of them between 31 -40 years and 19 of them over 41 years. There were 62 women and 38 men, 24 with medium education and 76 with higher education.

The following instruments have been used: Questionnaire Measure of Emotional Empathy (Q.M.E.E.) and Dymond Intuition and Empathy Scale. The Questionnaire Measure of Emotional Empathy (Q.M.E.E.) belongs to Mehrabian and Epstein (1972) and describes an effective vision on empathy. The questionnaire includes a number of 33 assertions that the subject may agree or not with, assertions measuring the relational aspects of the emotional empathy. Dymond Intuition and Empathy Scale (1949) starts from the definition offered by Dymond for empathy as being the imaginative transposition of the ego into another individual’s thought, feeling and action, consistently, structuring the world according to that individual.

Form the point of view of experimental tasks, this scale contains four aspects

A. the therapist/patient is requested to self-assess on a five stage scale along six bipolar features (self-image);
B. the therapist/patient is requested to evaluate his partner based on the mentioned features (my image on the other);
C. the therapist/patient is requested to self-assess as he considers that his partner would appreciate him;
D. the therapist/patient is requested to evaluate his partner, as he believes that the latter shall self-assess him. The sets of criteria to analyze the predictive empathy consist of features set like the personal constructs. The features-criteria determined in our research were: pleasant-unpleasant, cooperative-distant, relaxed-stressed, generous-selfish, assertive-non-assertive, decided-undecided.
3. Results

Regarding the emotional empathy, the empathy average on the psychotherapists’ lot is +51,80, rate listed within the medium empathic level. The highest weight is represented by the medium empathic therapists (60%). 25% of them are on a good empathic level and 15 % on the poorly empathic level.

The empathy average on the patients’ lot is +40, rate listed within the medium empathic level. Most patients (82%) are on the medium and poorly empathic level, 16% are on the good empathic level and the rest on the poorly empathic level. The highest weight (49%) is represented by the patients belonging to the medium empathic level.

The general average per lot differs significantly: 51, 8 vs. 40, hence we may conclude that psychotherapists are more empathic than their patients.

As for the predictive empathy, the psychotherapists’ average is 9,50 and is listed within the medium - good empathic level. The therapists’ answers corresponding to this level show a 80% rate, which becomes an argument that the predictive empathy represents a constant of their therapeutic activity.

The patients’ average for predictive empathy is 15, 00 and is listed within the medium empathic level. We may assume that the therapist’s predictive empathy becomes a triggering factor for an empathic behaviour of the patient.

The four assessments/predictions (A, B, C, D), based on bipolar features underlined a few characteristics of predictive empathy.

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<th>Table 1 Percentage and hypostasis of predictive empathy</th>
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<th>Table 2 Percentage of the features-criteria</th>
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A: I about myself

The psychotherapist opts for intensities on most features in order to self-qualify (80,33%), while the patient opts for moderate intensities (49,66%) – see table 1. The difference (+30,67) is significant and denotes the fact that, if the therapist shows a high confidence arising from the professional exercise of self-appreciation criteria, the patient shows an obvious hesitation, granting medium intensity indicators. This lack of the patient’s audacity in his self-estimation is closely related also to the presence of his anxious and depressive symptoms.
The therapist appears in his own evaluation-projection as being very cooperative (93%), very determined (91%) and intensely relaxed (83%). From the point of view of the patient’s self-image, he appears as being very cooperative (61%) and generous (61%) – see table 2.

B: I about my partner of therapeutic relationship

The psychotherapist quotes his partner at a moderate level (46.84%), degree whereby he considers it is possible to know his partner and the patient rewards his therapist by quite high ratios (83.27%). The difference of 36.43 is also significant – see table 1.

The patient’s image in the therapist’s perception receives medium intensity indicators, comprising the following two major features-criteria: cooperative spirit (64%) and the quality of being pleasant (59%), followed by generosity, decision, assertiveness and relaxation. This is an expression of caution in the evaluation of his relationship partner. As expected, the psychotherapist’s image in the projective vision of the patient is qualified by higher intensity indicators than those whereby his own self image was quoted. Three features-criteria hold the highest ranks: sympathy (88%), decision (88%) and cooperation (87%), followed by small percentage differences, by assertiveness, relaxation and generosity. In fact, it is about the confidence “gesture” that the patient grants to his therapist – see table 2.

C: How I think my partner of therapeutic relationship assesses me

In this case, the psychotherapist opts for high intensities on all features (74.83%) and a ratio of 39.83% for the patient – see table 1.

From the therapist’s perspective, there are three features to the fore: decision (85%), cooperation (85%) and relaxation (75%), that is exactly those top features released in the first hypostasis. This situation appears as natural, within the meaning that the psychotherapist would be impossible, as specialist, to pretend and forecast as being productive other features than those formulated for himself.

From the patient’s perspective, the most highly saturated feature in the anticipative patients’ options is cooperation (50%). So, the patient anticipates as being effective and productive from therapeutic point of view, the same cooperative spirit that he formulated about himself. Due to their anxious and depressive disorders, the patients give medium intensity indexes to their own image in the probable representation of the therapist – see table 2.

D: How I think my partner of therapeutic relationship assesses himself

In this case, the psychotherapist opts for medium intensities on all features (46, 32%) and a ratio of 84, 82% for the patient – see table 1.

In the psychotherapist’s projection, the patient should be qualified by cooperative spirit (49%). This moderate intensity of the answers is explained by the fact that the therapist knows that most of the patients are resistant to change. The patient expresses the following features as being essential for any efficient therapist: decision (95%), cooperation (90%), relaxation (86%), generosity (85%) and sympathy (83%) – see table 2. The therapist is rewarded by superlative values, without discrimination between the features-criteria.

4. Discussion and conclusion

As for emotional empathy, both therapists and patients are on a medium level of empathy, which shows that empathy represents a significant relationship factor in CBT.

As for predictive empathy, both the therapist and the patient consider the following two requirements of a good therapeutic relationship: the cooperation spirit and the determinative character (decision). In his own assessment, the therapist perceives himself as very cooperative, decided and relaxed in the therapeutic process, attributes obtained as a result of his personal growth. On the other hand, the patient grants moderate intensities as for his cooperative spirit, situation which may be explained as a result of the resistance that he activates in the therapeutic process.

Generally, the assessments carried out by the therapist related to his patient are made carefully and accurately, granting it moderate proportions. It is about cooperative spirit (64%) and the quality of being pleasant (59%) that the therapist considers as major personality features of the patient intended to provide the therapy success. The cooperative spirit of the patient helps with the consolidation of the therapeutic relationship and the patient’s quality of being pleasant is closely related to his quality of being empathic. On the other hand, the assessments carried out by the patient related to his therapist are qualified by higher intensity indicators. Three features-criteria hold the highest ranks: sympathy (88%), decision (88%) and cooperation (87%), followed by small percentage differences,
by assertiveness, relaxation and generosity. So, the patient’s assessments receive maximum intensities, without any discriminations and gradations, dealing with the gesture of high “confidence” that the patient grants to his therapist. We may conclude that the key-ingredients for a successful therapeutic relationship are exactly the above mentioned features.

The predictive empathy of the therapist, very well differentiated, is also to be considered a therapeutic entity that contributes to treatment progress and patient change.

References