Creative and Novel Approaches To Empathy: A Neo-Rogerian Perspective.

This article describes the historical antecedents of empathy, elaborates on the Rogerian definition of basic and advanced empathy, and relates how some authors have expanded on those definitions. It then describes six creative and novel empathic responses that fit the original Rogers definition of empathy: reflecting deeper feelings, pointing out discrepancies, and the use of visual imagery, analogies, metaphors, and targeted self-disclosure. The benefits and limits of how empathy is taught in counselor training programs are discussed and ways seasoned counselors can improve their skill in making complex empathic responses are suggested.   
  
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The importance of responding empathically has been documented for centuries and continues to be discussed by mental health professionals today. Traced back to its Greek origins, empatheia was then defined as meaning affection and passion. In the late 1800s Theodore Lipps, a German psychologist, suggested that empathy (Einfuhlung) was a process of connecting or "feeling into" the meanings of a work of art or the nonverbal behaviors of another person (Gompertz, 1960; Hojat, 2007; Peitchinis, 1990; Spiro, Curnen, Peschel, & St. James, 1993). Definitions since have portrayed empathy as an internalization of another's emotions, such as imagining how it feels to fly through the air when observing a trapeze artist or wincing at another's pain (Campbell-Yea, Latimer, & Johnston, 2008; Hojat, 2007; Peitchinis, 1990; Spiro et al., 1993).

In the early 1900s, new definitions of empathy were applied in the emerging fields of psychology and psychiatry, asserting that empathy was an important therapeutic process that involved connecting or identifying with a client's experience (Clark, 2004; Feller & Cottone, 2003; Pigman, 1995). However, there is little question that Carl Rogers had the greatest impact on how empathy would later be applied by mental health professionals, particularly counselors. His belief that empathy was a "necessary and sufficient" condition of the therapeutic process was groundbreaking (Clark, 2004; Rogers, 1957), and his definition expanded the understanding of empathy as a skill that had emotional, cognitive, and communicative dimensions:   
  
To sense the client's private world as if it were your own, but without ever losing the "as if" quality--this is empathy, and this seems essential to therapy. To sense the client's anger, fear, or confusion as if it were your own, yet without your own anger, fear, or confusion getting bound up in it, is the condition we are endeavoring to describe. When the client's world is this clear to the therapist, and he moves about in it freely, then he can both communicate his understanding of what is clearly known to the client and can also voice meanings in the client's experience of which the client is scarcely aware. (Rogers, 1957, p. 99)   
  
Others have since tried to clarify this somewhat elusive concept. For instance, some focused on the ability of a counselor to experience a client's emotions (Vinton & Harrington, 1994) while others distinguished "empathic emotions" from "intellectual empathy" (Duane & Hill, 1996), with the former involving the ability to experience a client's feelings and the latter being a cognitive response to the client. Bohart and Greenberg (1997) suggested that empathy consisted of three vital components: "empathic rapport," the acceptance of a client's feelings and experiences; "experiencing near-understanding," the ability to understand the inner world of the client; and "communicative attunement," the ability to be with the client in the moment and to demonstrate this understanding to the client.

More recently, Clark (2010), expanding on Rogers's understanding of empathy, asserted that empathy is related to "ways of knowing" and can become manifest through subjective, objective, and interpersonal modalities. Subjectively, a counselor can experience empathy by drawing from personal experience and using intuition and imagination to understand the reality of the client. Objectively, counselors can utilize external information, such as theories, diagnoses, or other conceptual material to understand the client's reality. Interpersonal empathy, the modality most related to the Rogers definition, is the process of the counselor perceiving the internal reality of the client and communicating this to the client.   
  
Recent brain research suggests that the phrase "I feel your pain" may literally be true and that humans may have natural empathic capacity (Gallese, Eadiga, Fogassi, & Rizzolatti, 1996). In fact, studies of motor neurons demonstrate that when a person observes the experiences or sensations of another person, similar areas of the brain become activated and the observer re-creates the other person's emotions and experiences (Ferrari & Gallese, 2007; Schulte-Ruther, Markowitsch, Fink, & Piefke, 2007). Research such as this led Gerdes and Segal (2011) to suggest that empathy is trainable in that this innate response can be developed. They proposed that careful attention to clients builds new neuropathways that facilitate empathic ability while also allowing counselors to become aware of behaviors that limit empathy.   
  
Postmodernists take a somewhat different view. They suggest that empathy should be framed within the context of the client's sociocultural forces (Sinclair & Monk, 2005). For instance, instead of saying to a male client, "It sounds like it was difficult for you to come to counseling for your first appointment," the counselor could say, "You know, men often do not attend counseling due to the stereotypes in society that suggest men need to be strong and figure things out on their own. It must have been hard for you to come in today." Called discursive empathy, this kind of reflexive and respectful response can help clients understand how sociocultural factors have shaped their experiences and understanding of the world.

Today empathy is considered an important component of most theories, even those that had traditionally not embraced it, such as Cognitive-Behavioral Therapy (Neukrug, 2011). Although not all theories view empathy as Rogers defined it, they all value the general idea that the client needs to be listened to and responded to in a way in which the client can feel heard. The fact that most theories today embrace some form of empathy is important because empathy, as a general construct, can be helpful in identifying client issues and has been shown to be strongly related to positive client outcomes (Elliot, Bohart, Watson, & Greenberg, 2011; Norcross, 2010; Wampold, 2010a, 2010b). Empathy, a counselor's confidence in delivering the preferred theoretical approach, and client-counselor task/goal agreement are all crucial in building a working alliance and are among a number of "common factors" in counseling--factors that show efficacy for positive client outcomes and are common to almost all theories. These factors seem to be even more important than evidence-based practice or the matching of a treatment approach to a presenting problem (Baldwin, Wampold, & Imel, 2007; Beutler et al., 2004; Orlinsky, Ronnestad, & Willutzki, 2004; Wampold, 2010a, 2010b).   
  
TRAINING IN EMPATHY   
  
Despite attempts to refine and redefine empathy, counselor training programs still rely on the traditional Rogerian definition, usually taught within a framework in which empathy can be categorized and rated (Egan, 2010; Ivey, Ivey, & Zalaquett, 2010; Neukrug & Schwitzer, 2006). These approaches all originated from the Truax and Carkhuff scales developed in the 1960s (Carkhuff, 1969; Truax, 1967).   
  
In 1961 Truax formulated one of the first scales to operationalize the classical Rogerian definition of empathy (Truax, 1967). His nine-point scale, later reduced to five points as the Carkhuff Accurate Empathy Scale, was the scale most widely used in training counselors (Carkhuff, 1969). Carkhuff, and later others (e.g., Egan, 2010; Ivey et al., 2010), conceptualized a continuum of empathy ranging from subtractive to basic to additive or advanced. Subtractive empathy occurs when the counselor inaccurately reflects the content or feelings of the client's message. It may leave the client feeling misunderstood and, if it occurs continually, can be detrimental to the therapeutic alliance. On the Carkhuff Scale, these are seen as level one or level two responses. With basic empathy, the counselor conveys understanding to the client by accurately reflecting the feelings and content of the client's message. Galled a level three response on the Carkhuff Scale, this is often accomplished through active listening, attending skills, paraphrasing, summarizing, and reflection of feelings, but it is not limited to these skills (Ivey et al., 2010). Finally, it should be noted that Rogers never encouraged the term "reflection of feelings" and this term should not be confused with empathy (Rogers, 1986). In being empathic, he simply hoped that effective counselors could show clients, in some manner, that they understood what the client was saying and feeling.   
  
From my point of view as therapist, I am not trying to "reflect feelings." I am trying to determine whether nay understanding of the client's inner world is correct, whether I am seeing it as he or sire is experiencing it at this moment.... Am I catching just the color and texture and flavor of the personal meaning yon are experiencing right now? (Rogers, 1986, p. 376)   
  
Finally, advanced empathy (Carkhuff Scale levels four and five) suggests that besides accurately hearing the client's feelings and meanings, the counselor is able to hear and reflect deeper feelings than the client was able to verbalize or is able to synthesize meaning across previously discussed topics. With advanced empathy, the counselor thus tries to bring deeper meaning to what the client has said.   
  
The Carkhuff Scale became a mainstay of counselor training in the 1970s and 1980s; although it is no longer used extensively, it does set the stage for similar microcounseling skills training that is used today in counselor education (Baumgarten & Roffers, 2003; Egan, 2010; Gazda et al., 2006; Schaefle, Smaby, Maddux, & Gates, 2005).   
  
THE ROGERIAN VIEW OF ADVANCED EMPATHY   
  
Carl Rogers's definition of empathy suggests that the counselor can sense the client's internal world "as if" it were his or her own and demonstrate this understanding to the client (Rogers, 1957, 1959). The definition has been used to suggest that counselors should reflect the feelings (affect) and content (meaning) of what the client is outwardly stating, thus achieving basic empathy (Carkhuff, 2009; Egan, 2010). However, Rogers also had a much more complex understanding of empathy, described by some as "additive empathy" or "advanced empathy," although he did not use these terms:   
  
Gradually my understanding of empathy extended to an intuitive capacity for empathy, where I would find something rising in myself that wanted to be said. It might be bizarre. It might be out of context. But I found that if 1 voiced it, it often rang a real bell with the person and opened up all kinds of areas that had been dimly sensed by the client but not really experienced. (Rogers, 2002, p. 285)   
  
To understand what we have come to call advanced empathy, we need to review Rogers's beliefs about client incongruence, sometimes called nongenuineness. He viewed incongruence as a state of disharmony that occurs when a client's inner sense of who he or she is (the "real self") does not match how the client is acting (Neukrug, 2011). He believed this occurred when clients behaved in ways they perceived significant others wanted them to act rather than how they actually wanted to be (Rogers, 1957, 1959). He suggested that this mismatch results in a threat to a client's identity or sense of self. Incongruity and the resulting threat to self, he posited, are characterized by a heightened sense of anxiety,, vulnerability, or disorganization, or just a general sense of being out of kilter. He coined the word "subceive" to describe the client's subtle awareness of this threat to serf and suggested that it occurs "without any awareness of the content of that threat" (Rogers, ]957, p. 97). In other words, a client may be subtly aware (subceive) that something is not right but may not always recognize the meaning behind the feelings. The counselor's ability to sense the client's feelings and understand the reasons for the incongruence, and in some manner reflect them back to the client, is part of advanced empathy.   
  
To respond with advanced empathy, the counselor must first shed preconceived notions and judgments about the client and become a vessel, a repository, of a client's experiences. Then, by carefully attending to the client, the counselor can "subceive" the same incongruence and the related feelings of which the client is subtly aware. Since the counselor does not have the same fears as the client about allowing such feelings to surface, the counselor has more clarity than the client about the client's own experience. After subceiving the client's experience, the counselor is primed to reveal a newfound understanding to the client (Rogers, Gendlin, Kiesler, & Truax, 1967). Since the counselor is shedding light on a client's actual experience, advanced empathy is simply the broadening and deepening of the client's understanding of self.   
  
Whereas basic empathy has consistently been shown to be central to the therapeutic progress (Carkhuff, 2009; Elliott, Greenberg, & Lietaer, 2004; Wampold, 2010a, 2010b), advanced empathy may allow clients to make great strides in counseling as they learn about their internal conflicts, gain clarity about their life situation, and begin to make deep structural changes in their understanding of themselves (Clark, 2010; Kuntze, van der Molen, & Born, 2009; Neukrug, 1998).   
  
CREATIVE AND NOVEL APPROACHES TO EMPATHY: A NEO-ROGERIAN PERSPECTIVE   
  
Although Rogers's work was valuable in generally describing what empathy is, he did not provide specific examples of basic or advanced empathy. Some, like Truax (1967) and Carkhuff (1969), successfully operationalized his descriptions for use in training programs. Others have also tried to describe empathy and have suggested such techniques as reframing, interpretation, confrontation, cognitive restructuring, interpretation, and discursive processes (e.g., discussions with clients about the impact of sociocultural forces; Clark, 2010; Kuntze et al., 2009; Sinclair & Monk, 2005). However, we suggest that these techniques are not in line with how Rogers would have defined empathy, basic or advanced (Rogers, 1958). We are confident Rogers would have argued that these techniques are counselor- not client-centered; they direct the client toward the counselor's notions of where the client should go.   
  
Instead, counselors can use a number of novel and creative techniques that embrace Rogers's original client-centered definition. If used to reflect back the feelings and content of what the client has voiced, these responses can achieve basic facilitative empathy. However, they may also be viewed as advanced empathic responses if employed to reflect back aspects of the client's self of which the client is not aware (Neukrug, 1998). These responses can also help a client understand contrasting feelings (e.g., loving and hating a person) and pull together themes that recur in his or her life. Like a basic empathic response that reflects a client's affect and meaning, perfecting these responses takes practice. However, done correctly, they also have a sense of the creative and a bit of flair. Moreover, although they can occur at any point in one's training or professional life, they are more likely produced by seasoned mental health counselors. The responses are reflecting deeper feelings, pointing out discrepancies, and the use of visual imagery, analogies, metaphors, and targeted self-disclosure. The following examples are based on real clinical experiences of the authors.   
  
Reflecting Deeper Feelings   
  
The most straightforward of the creative options, this response occurs when the counselor senses, and is able to reflect, deeper feelings in the client of which the client is not quite aware. For instance, listening to a client who is angry with his partner for leaving him, a counselor could simply reflect the anger and the associated content, saying something like "I hear how angry and upset you are about your breakup." However, the counselor who subceives deeper feelings may want to say something like: "You know, I hear your anger, but I also hear the pain you feel about the ending of the relationship and the disappointment you have that this did not work for you." Although the basic reflection would be adequate, even good, responses like the latter can quicken the healing process because they sometimes result in cathartic moments as clients get in touch with more embedded feelings.   
  
Pointing Out Discrepancies   
  
If life were simple, there would be easy answers to questions often raised in counseling. However, clients often come to counseling facing a series of discrepancies, which are sometimes not clear to them. For instance, a client loves his partner but wants to leave the partner for another. Or, for long periods of time, a client cherishes the time she spends with her children; then she suddenly feels a deep need for freedom and autonomy from them. Or consider the client who is at one moment hopeful about the future and a second later is dreading what may lie ahead. These contradictions, which are part of one's existential dilemmas, are at times avoided by counselors, who attempt to make responses that accurately reflect only one side of the situation.   
  
Consider the client who, soon after starting doctoral work, became depressed and anxious and started to drink heavily. He came to counseling unclear about what was going on with him. After listening to the client's predicament and hearing contradictions in his narrative, the counselor said, "On one hand, you are driven to get this doctorate, and it means so much to you considering the importance you place on achieving it. Yet, on the other hand, it doesn't seem as if an academic setting is where you want to be right now. I hear how much you also want to 'play' in your life." This response had a great impact as the client realized the different aspects of himself. Now that he could face the two sides of himself squarely, he could make a decision about what to do--continue his doctoral program, find an avenue that was more "playful" for him, or some combination thereof. Ultimately, though, whatever he decided was less important than his newfound clarity.   
  
Visual Imagery   
  
Consider a client who has been describing the many ways he feels verbally abused, bullied, and judged by others, particularly close family and friends. He tries to get along with others and states there must be something wrong with him that causes him to fail. He has, on occasion, even considered suicide. Although he senses he could have a better life for himself if he moved away from his friends and family, he is afraid he will be depressed and lonely without them. As the counselor listens, an image floats up into consciousness that the counselor shares: "When you tell me about how you've been mistreated, I imagine you in the middle of a field surrounded by vultures that are picking at you. Then, in the distance, you see a flock of blue jays; you look down at yourself and see you're a blue jay, too. You wonder how you can get to the other blue jays." If this response is on target, the client will acknowledge that what the counselor said is correct, and the counselor will have helped the client coalesce an important theme which he can now consider. In the end, the client might see that he is not like those who are abusing him and has an opportunity to move toward others who will treat him differently.   
  
Visual imagery also helped another client who had anguished over his life situation. Although he continued to try to make changes, his emotional pain was not relieved, though he went from one counselor to another, one method of change to another. After listening to his struggles, his counselor said, "Sounds like you're rearranging chairs on the Titanic." This response was profound for him. It presented a mental image of what actually was happening--no matter what he did, he still felt like he was drowning. This visual image had so much impact that the client actually said he felt as if he had no choice but to "sink or swim." And, if he had to choose, he might as well start swimming.   
  
Analogy   
  
Although most visual images are analogies, not all analogies are connected to a visual image. For instance, consider that a woman who has been battered for years by her husband has shared the torment and pain with you, yet she remains in the abusive situation. You say to her, "You know, this situation of yours sounds like a horrible movie. It has moments that are interesting, and even short moments that are loving, but overall, it's dreadful. Yet you keep going back to it thinking it's going to have a different ending." This response could help bring the client to realize something of which she is already somewhat aware: She cannot change the movie, but she can stop going to it. She cannot change her husband, but maybe she can change the situation.   
  
Metaphors   
  
Metaphors are another advanced empathic response that can help people learn more about themselves. For instance, consider someone who enjoys spending time with his two dogs. At the same time, he complains that he cannot connect with his 5-year old son. The counselor senses his fears about being close to his child, and says: "I hear how hard it has been for you to have closeness with your son. You know, bringing up a child is a lot like bringing up a puppy. You feed them, set a few limits, hold them, talk nice to them, and play with them a lot-throw a ball, rub their tummies, get on the floor with them." The father probably will understand the metaphor, but the counselor could always add, "What do you think?" Or, "Are there other ways they might be similar or different?"   
  
Targeted Self-disclosure   
  
Imagine a client who struggles with commitment to his partner. He says he loves the partner, but he wonders if the partner is the best "fit" for him and finds himself attracted to others. He ponders leaving the relationship. He confides that he is obsessed about the situation, in a constant state of panic, and always concerned about hurting his partner or making the "wrong" decision. As you listen, you feel your stomach tighten. You think that perhaps this reflects your client's pain and say to him, "You know, as you talk, I feel my stomach churn. I wonder if this is something that you are experiencing; that is, a constant churning, a constant wondering, a constant pressure about what to do. This must be a horrible way for you to live." Of course, in cases like this, counselors need to be clear that they are reacting with the client and not to their own situations--that they're picking up the client's pain and not producing it due to their own life predicaments.   
  
A final example comes from the experiences of one of the authors as a client in therapy. After sharing a wide range of what the client thought were relatively minor problems, he noticed how sad the therapist seemed, and said, "You look really sad today." The therapist looked right at the client and said, "My face is only reflecting what I'm sensing you're feeling." At that point, the client began to sob and came in touch with some deeper pain he was experiencing. This was a first, big step in the client's movement toward health.   
  
A Cautionary Caveat   
  
When using these six kinds of responses, if the client denies or disagrees with the response offered, chances are the counselor did not use it at the correct moment--the timing was off--or did not fully understand the client's predicament. In either case, it is important that the counselor retreat from the response, examine whether or not the relationship is indeed supportive enough for the client to have heard the response, and also examine whether or not the response was on target. At times, even though the counselor may be convinced that the response was on target, the client may still rebut it. At that point, the counselor needs to fight back the inclination to argue with the client about the "rightness" of the response and simply withdraw. Often, after backing off and reestablishing the relationship by making basic empathic responses, the counselor will find that the client will later revisit the advanced empathic response, find it revealing, and generally be open to the multiple meanings implied.   
  
TRAINING IN EMPATHY: YOU CAN'T GET HERE UNTIL YOU'VE BEEN THERE   
  
One inherent assumption of training in empathy is that movement from subtractive to basic to advanced empathy is enhanced by education and practice (Bayne, 2011; Clark, 2010; Kuntze et al., 2009; Lyons & Hazler, 2002). For instance, Lyons and Hazler found that second-year counseling students exhibited more empathy toward clients than first-year students. However, the progression from subtractive to basic to advanced empathy leads people to misconstrue the importance of basic empathy. In fact, basic empathy takes lots of practice to perfect, can be difficult to achieve, and, like advanced empathy, needs continual fine-tuning throughout one's career. Perhaps most important, any kind of empathic response, basic or advanced, has consistently been shown to positively impact client progress in counseling (Carkhuff, 2009; Carkhuff & Berenson, 1977; Elliott et al., 2009; Lyons & Hazier, 2002; Wampold, 2010a, 2010b). However, more novel and creative responses, like the ones described, are more likely made after a counselor has mastered the ability to consistently make basic empathic responses; a broader repertoire of skills can help clients deepen their understanding of self.   
  
Counselor training programs are exceptional at providing a vehicle for attaining empathy skills, partly because they support and challenge students to grow and deepen their complex cognitive skills, which seem to be related to the ability to be empathic (Eriksen & McAuliffe, 2006; McAuliffe & Eriksen, 2010). This occurs when counseling programs provide experiential exercises and other activities that support students yet challenge them to see the world in new ways. Increased cognitive complexity, as explained by such developmental schemes as William Perry's Measure of Epistemological Reflection (Magolda & Porterfield, 1986; Perry, 1970) and Robert Kegan's Subject/ Object Theory (Kegan, 1982, 1984), has been linked theoretically to being empathic and shown empirically to be related to the ability to make empathic responses (Deal, 2004; Granello, 2010; Lovell, 1999; Lyons & Hazler, 2002; McAuliffe & Lovell, 2006; Neukrug & McAuliffe, 1993; Norcross, 2010). From Perry's perspective, those who are more cognitively complex are relativistic thinkers: they are able to understand the complexity of a client's situation; to see how the client's predicament is related to multiple contexts, such as early history, current family status, societal values and prejudices, and ego development; and to reflect this understanding back to the client (Magolda & Porterfield, 1986; Perry, 1970). From Kegan's perspective, counselors who are cognitively complex are able to understand and value clients' perspectives and to support and gently challenge clients, through the use of advanced empathy techniques, to view themselves in deeper and more complex ways (Kegan, 1982, 1984).   
  
Counseling programs can also nurture the development of good empathic responding by teaching about empathy in multiple ways. For instance, counseling programs teach empathy in content classes that describe the history and role of empathy, skills classes where students can practice empathic responding, and field placements where under supervision students can begin to fine-tune their ability to make empathic responses. However, the ability to make basic and advanced empathic responses is a developmental process that usually takes time, practice, and continuous supervision (Clark, 2010; Kuntze et al., 2009). The process begins in graduate school and continues in practice. Unfortunately, even seasoned counselors who want to fine-tune their ability to make empathic responses are often left to their own devices. Some supervisors lack the cognitive complexity, knowledge, or skills to help counselors to make creative and novel empathic responses. Given these challenges, all counselors should engage in constant intentional development and assessment of empathic skills--reading about empathy, putting ideas into practice, modeling the skillful way "master" therapists use empathy, and finding a supervisor who has a thorough understanding of basic and advanced empathy with whom to discuss novel ways of responding empathically to clients.   
  
CONCLUSION   
  
This article briefly reviewed the history of empathy, discussed the original Rogerian definitions of basic and advanced empathy, and described novel and creative techniques of empathy that can fit within the original Rogerian definition of empathic responding. However, there assuredly are other kinds of empathic responses that were not touched upon. This is the creative part of counseling--the ability to respond in ways that reflect the essence of what the client has said while simultaneously helping the client to a new understanding of self (Neukrug, 1998). It requires the counselor to accurately hear the client's experience and demonstrate this understanding to the client. It can begin with practicing basic empathy and progress as each client encounter facilitates a deeper empathic practice, allowing advanced skills to emerge.   
  
Research on basic empathy, particularly empathic responses from a Rogerian perspective, has consistently shown that use of empathy is related to positive client outcomes (Carkhuff, 2009; Carkhuff & Berenson, 1977; Elliott, Greenberg, & Lietaer, 2004; Wampold, 2010a, 2010b). However, questions about the efficacy of novel and creative techniques remain. For instance, compared to traditional empathic responses: Me creative empathic responses more efficacious? Do such responses lead the client to greater self-awareness of issues? Do creative empathic responses speed up the counseling process? And, in general, is advanced empathy more efficacious than basic empathy? Until these questions are studied, we will not know whether the kinds of responses we describe are preferable to the more traditional types of empathic responses described by Truax, Carkhuff, Rogers, and others. But these techniques do offer an additional mode of responding that adds a creative and rich foundation to the ways in which counselors can respond to clients.   
  
REFERENCES   
  
Baldwin, S. A., Wampold, B. E., & Imel, Z. E. (2007). Untangling the alliance-outcome correlation: Exploring the relative importance of therapist and patient variability in the alliance. Journal of Consulting and Clinical Psychology, 75, 842-852. doi:10.1037/0022-006X.75.6.842   
  
Baumgarten, E., & Roffers, T. (2003). Implementing and expanding on Carkhuff's training technology. Journal of Counseling and Development, 81, 285-291. doi:10.1002/j.1556-6678.2003. tb00255.x   
  
Bayne, H. (2011). Training medical students in empathic communication. The Journal for Specialists in Group Work, 36, 316-329. doi:10.1080/01933922.2011.613899   
  
Beufler, L. E., Malik, M., Alimohamed, S., Harwood, T. M., Talebi, H., Noble, S., & Wong, E. (2004). Therapist variables. In M. J. Lambert (Ed.), Bergin and Garfield's handbook of psychotherapy and behavior change (5th ed., pp. 227-306). New York, NY: Wiley.   
  
Bohart, A. C., & Greenberg, L. S. (1997). Empathy and psychotherapy: An introductory overview. In A. C. Bohart & L. S. Greenberg (Eds.), Empathy reconsidered: New directions in psychotherapy (pp. 3-31). Washington, DC: American Psychological Association.   
  
Campbell-Yeo, M., Latimer, M., & Johnston, C. (2008). The empathetic response in nurses who treat pain: Concept analysis. Journal of Advanced Nursing, 61, 711-719. doi:10.1111/j.1365-2648.2007.04562.x   
  
Carkhuff, R. R. (1969). Helping and human relations: A primer for lay and professional helpers. New York, NY: Holt, Rinehart & Winston, Inc.   
  
Carkhuff, R. R. (2009). The art of helping in the twenty-first century (9th ed.). Amherst, MA: Human Resource Development Press.   
  
Carkhuff, R. R., & Berenson, B. G. (1977). Beyond counseling and therapy. New York, NY: Holt, Rinehart & Winston.   
  
Clark, A. J. (2004). Empathy: Implications of three ways of knowing in counseling. Journal of Humanistic Counseling Education, and Development, 43, 141-151. doi:10.1002/j.2164-490X.2004.tb00014.x   
  
Clark, A. J. (2010). Empathy: An integral model in the counseling process. Journal of Counseling Development, 88, 348-356. doi:10.1002/j.1556-6678.2010.tb00032.x   
  
Deal, H. D. (2004). The relationship between critical thinking and interpersonal skills: Guidelines for clinical supervision. The Clinical Supervisor, 22, 3-19. doi:10.1300/J001v22n02\_02   
  
Duane, C., & Hill, C. E. (1996). The current state of empathy research. Journal of Counseling Psychology, 43,261-274. doi:10.1037/0022-0167.43.3.261   
  
Egan, G. (2010). The skilled helper: A problem management and opportunity-development approach to helping (9th ed.). Belmont, CA: Brooks/Cole.   
  
Elliott, R., Bohart, A. C., Watson, J. C., & Greenberg, L. S. (2011). Empathy. Psychotherapy, 48, 43-49. doi:10.1037/a0022187   
  
Elliott, R., Greenberg, L. S., & Lietaer, G. (2004). Research on experiential psychotherapies. In M. J. Lambert (Ed.), Bergin and Garfield's handbook of psychotherapy and behavior change (5th ed., pp. 493-539). New York, NY: Wiley.   
  
Eriksen, K. P., & McAuliffe, G. J. (2006). Constructive development and counselor competence. Counselor Education and Supervision, 4,;, 180-192. doi:10.1002/j.1556-6978.2006.tb00141.x   
  
Feller, C. P., & Cottone, R. R. (2003). The importance of empathy in the therapeutic alliance. Journal of Humanistic Counseling Education, and Development, 42, 53-61. doi:10.1002/j.2164-490X.2003.tb00168.x   
  
Ferrari, P. F., & Gallesc, V. (2007). Mirror neurons and intersubjectivity. In S. Braten (Ed.), On being moved (pp. 73-88). Amsterdam: John Benjamins.   
  
Gallese, V., Eadiga, L., Fogassi, L., & Rizzolatti, G. (1996). Action recognition in the premotor cortex. Brain, 119, 593-609. doi:10.1093/brain/119.2.593   
  
Gazda, G. M., Balzer, F. J., Childers, W. C., Nealy, A., Phelps, R., & Waiters, R. P. (2006). Human relations development: A manual for educators (7th ed.). Boston, MA: Allyn & Bacon.   
  
Gerdes, K. E., & Segal, E. (2011). Importance of empathy for social work practice: Integrating new science. Social Work, 56, 141-148. doi:10.1093/sw/56.2.141   
  
Gompertz, K (1960). The relation of empathy to effective communication. Journalism Quarterly, 37, 535-546. doi:10.1177/107769906003700405   
  
Granello, D. (2010). Cognitive complexity among practicing counselors: How thinking changes with experience. Journal of Counseling & Development, 88, 92-100. doi:10.1002/j.1556-6678.2010.tb00155.x   
  
Hojat, M. (2007). Empathy in patient care: Antecedents, development, measurement, and outcomes. Philadelphia, PA: Springer.   
  
Ivey, A. E., Ivey, M. B., & Zalaquett, C. P. (2010). Intentional interviewing and counseling: Facilitating client development in a multicultural society. Belmont, CA: Brooks/Cole.  
  
Kegan, R. (1982). The evolving self Cambridge, MA: Harvard University Press.   
  
Kegan, R. (1994). In over our heads. Cambridge, MA: Harvard University Press.   
  
Kuntze, I. P., van der Molen, H. T., & Born, M. P. (2009). Increase in counselling communication skills after basic and advanced microskills training. British Journal of Educational Psychology, 79, 175-188. doi:10.1348/000709908X313758   
  
Lovell, C. (1999). Empathic-cognitive development in students of counseling. Journal of Adult Development, 6, 195-203. doi:10.1023/A:1021432310030   
  
Lyons, C., & Hazler, R, (2002). The influence of student development level on improving counselor student empathy. Counselor Education and Supervision, 42, 119-130. doi:10.1002/j.1556-6978.2002.tb01804.x   
  
Magolda, M. B., & Porterfield, W. D. (1988). Assessing intellectual development: The link between theory and practice. Alexandria, VA: American College Personnel Association.   
  
MeAuliffe, G., & Eriksen, K (Eds.) (2010). Handbook of counselor preparation. Thousand Oaks, CA: Sage, and Alexandria, VA: Association for Counselor Education and Supervision.   
  
McAuliffe, G., & Lovell, C, (2006). The influence of counselor epistemology on the helping interview: A qualitative study. Journal of Counseling & Development, 84, 308-317. doi:10.1002/ j.1556-6678.2006.tb00410.x   
  
Neukrug, E. (1998). Support and challenge: Use of metaphor as a higher level empathic response. In H. G. Rosenthal (Ed.), Favorite counseling and therapy techniques: 51 therapists share their most creative strategies (pp. 139-141). Bristol, PA: Accelerated Development.   
  
Neukrug, E. (2011). Counseling theory and practice. Belmont, CA: Brooks/Cole.   
  
Neukrug, E., & McAuliffe, G. (1993). Cognitive development and human service education. Human Service Education, 13, 13-26.   
  
Neukrug, E., & Schwitzer, A. M. (2006). Skills and tools for today's counselors and psychotherapists: From natural helping to professional counseling. Pacific Grove, CA: Brooks/Cole.   
  
Norcross, J. C. (2010). The therapeutic relationship. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M A. Hubble (Eds.), The heart and soul of change (2nd ed., pp. 113-142). Washington, DC: American Psychological Association.   
  
Orlinsky, D. E., Ronnestad, M. H., & Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity" and change. In M. J. Lambert (Ed.), Bergin and Garfield's handbook of psychotherapy and behavior change (5th ed., 307-389). New York, NY: Wiley.   
  
Peitchinis, J. (1990). The historical roots of empathy in the helping professions. In R. McKay, J. Hughes, & E. Carver (Eds.), Empathy in the helping relationship (pp. 28-46). New York, NY: Springer.   
  
Perry, W. G. (1970). Forms of intellectual and ethical development in the college years: A scheme. New York, NY: Holt, Rinehart, & Winston.   
  
Pigman, G. W. (1995). Freud and the history of empathy. The International Journal of Psycho-Analysis, 76, 237-256. PMid:7628894   
  
Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 21, 95-103. doi:10.1037/h0045357   
  
Rogers, C. R. (1958). The characteristics of a helping relationship. Personnel and Guidance Journal, 37, 6-12. doi:10.1002/j.2164-4918.1958.th01147.x   
  
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 science, Vol. 3, Formulations of the person and the social context (pp. 184-256). New York, NY: McGraw-Hill.   
  
Rogers, C. R. (1986). Reflection of feelings. Person-Centered Review, 1, 375-377. doi:10.1179/ 003962686791474693   
  
Rogers, C. R. (2002). The complexities of the person-centered approach. In C. R. Rogers & D. E. Russell, Carl Rogers: The quiet revolutionary: An oral history (pp. 283-286). Roseville, CA: Penmarin Books.   
  
Rogers, C. R., Gendlin, E. T., Kiesler, D. J., & Truax, C. B. (1967). The therapeutic relationship and its impact: A study off psychotherapy with schizophrenics. Madison, WI: University of Wisconsin Press.   
  
Schaefle, S., Smaby, M., Maddux, C., & Cares, J. (2005). Counseling skills attainment, retention, and transfer as measured by the skilled counseling scale. Counselor Education and Supervision, 44, 280-292. doi:10.1002/j.1556-6978.2005.th01756.x   
  
Schulte-Ruther, M., Markowitsch, H. J., Fink, G. R., & Pietke, M. (2007). Mirror neuron and theory of mind mechanisms involved in face-to-face interactions: A functional magnetic resonance imaging approach to empathy. Journal of Cognitive Neumscience, 19, 1354-1372. doi:10.1162/ jocn.2007.19.8.1354   
  
Sinclair, S. L., & Monk, G. (2005). Discursive empathy: A new foundation for therapeutic practice. British Journal of Guidance & Counseling, 33, 333-349. doi:10.1080/03069880500179517   
  
Spiro, H., Curnen, M., Peschel, E., & St. James, D. (1993). Empathy and the practice of medicine: Beyond the pills and the scalpel. New Haven, CT: Yale University Press.   
  
Truax, C. B., (1967). A scale for the rating of accurate empathy. In C. R. Rogers, E. T. Gendlin, D. J. Kiesler, & C. B. Truax (Eds.), The therapeutic relationship and its impact. A study of psychotherapy with schizophrenics (pp. 555-568). Madison, WI: University of Wisconsin Press.   
  
Vintun, L., & Harrington, R (1994). An evaluation of the use of videotape in teaching empathy. Journal of Teaching in Social Work, 9, 71-84. doi:10.1300/]067v09n01\_06   
  
Wampold, B. E. (2010a). The great psychotherapy debate: Models, methods, and findings. Mahwah, NJ: Lawrence Erlbaum Associates.   
  
Wampold, B. E. (2010b). The research evidence for common factors models: A historically situated perspective. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), The heart and soul of change (2nd ed., pp. 49-82). Washington, DC: American Psychological Association.   
  
Ed Neukrug, Lashauna Dean-Nganga, and Cassandra Pusateri are associated with Old Dominion University and Hannah Bayne with Virginia Tech. Correspondence about this article should be addressed to Ed Neukrug, Counseling Program, Room 110, College of Education, Old Dominion University, Norfolk, VA 23529. eneukrug@odu.edu.

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