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Here is a book on empathy that is simultaneously theoretically sophisticated and highly practical. This refreshing new look at empathy describes how imaginative entry into the world of the other leads to the erasing of self–other boundaries and immersion in the client's inner world. Empathic engagement with the client from this inside vantage point leads to a reduction in the client's feeling of the therapist as an outsider and facilitates the client feeling safe and open. This book provides both theoretical explication of and practical skills for how to participate in this type of empathic engagement. It is a must-read for anyone interested in the process, the power, and the use of empathy in therapy, and is a highly worthwhile read for practitioners of all persuasions.

—Leslie S. Greenberg, PhD, Distinguished Research Professor Emeritus, Department of Psychology, York University, Toronto, ON, Canada

Since Carl Rogers's early advocacy of empathy as key to effective therapy, confusion has followed about its meaning and professional use. Flemons clears up this confusion, drawing on useful everyday resources as well as providing recommendations derived from clinical research to enhance professional relationships, in ways that also promote better professional self-care.

—Tom Strong, MEd, PhD, psychologist and professor emeritus, Counselling Psychology, University of Calgary, Calgary, AB, Canada

Douglas Flemons has taken on the seemingly impossible task of defining the nature of empathy, identifying its core components, and teaching the skills that are foundational to good psychotherapy. He has succeeded in every way! This is a book that considers empathy from many different current and historical perspectives, challenges conventional wisdom, and pokes at standard techniques that may sound reasonable but don't work all that well in real-life scenarios. The inspiring and practical perspectives and methods Flemons offers in this carefully crafted book deserve the attention of anyone and everyone who grasps the value of a meaningful connection with another human being.

—Michael D. Yapko, PhD, clinical psychologist and author of *Trancework* (6th ed.) and *The Discriminating Therapist*

This book is a prism. It will not only help you to understand others but to help them feel understood by you.

—Daryl Chow, PhD, author of *Crossing Between Worlds* and writer on Substack, *Full Circles: Field Notes on the Inner and Outer Life*

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Clearly written and carefully researched, this book will make you rethink what empathy is and how therapists and other health professionals can use it to promote therapeutic ends. A masterful weaving of current psychological research, philosophy of mind and neuroscience, and insights from decades of clinical experience, makes this short and accessible book a must-read for health professionals aspiring to be more effective and relationally attuned with their patients and clients. Highly recommended.

—**Ronald Epstein, MD,** University of Rochester, Rochester, NY, United States; author of *Attending: Medicine, Mindfulness, and Humanity*

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INTRODUCTION

The Process of Empathy

If we locate empathy "in" the therapist, in only one part of the therapeutic system, we are ignoring the process, the patterns of interaction between therapist and client(s).

–Mary Wilkinson, *How Do We Understand Empathy Systemically?* (1992, p. 194)

This book provides the means for you to think and feel your way into a body–mind appreciation of what empathy is and how it works, an understanding to bring with you into your clinical practice, into what you do and say in conversation with your clients or patients.[1] Whether you're a psychotherapist or a health care professional, learning how to empathize effectively can be a game changer, improving your relationship with those you're trying to help and enhancing your capacity to make a difference.

[1]I don't like either word. As I've said elsewhere (Flemons & Gralnik, 2013), *client* is burdened by problematic business-forward overtones, and *patient* fails to evoke the agency and resourcefulness of the people who reach out to us for assistance. With no nonannoying alternative available, I mostly use *client* throughout the book, save for when I refer more specifically to help seekers in a medical context.

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Empathic Engagement in Clinical Practice, by D. Flemons
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Although I wrote this book for clinicians, empathy is not our exclusive domain. Poets, actors, novelists, historians, philosophers (both Western and Eastern), brain researchers, and meditation teachers also have much to contribute to understanding how to understand another person empathically. Approaching the book as an interdisciplinary dialogue, I've woven quotes throughout the text from a wide range of relevant experts.

Empathy is a way of coming to understand the sense and sensibility of clients, not from some supposed "objective" (outside) vantage but, rather, from inside the logic of their intra- and interpersonal relationships. Developing an insider's grasp of a client's world involves firing up your curiosity and projecting your imagination into the heart of the person's experience, as well as empathically engaging them in conversation. You ask questions and listen closely to the client's answers; you give voice to how you're making sense of what they tell you; and then, responsive to their feedback, you adapt and refine your understanding accordingly. It is a profoundly interactive, intimate process of discovering, inferring, and sharing, one that demands compassionate presence, active listening, and immersive focus. With this in mind, I've done my best to create a reading experience for you that is in some ways isomorphic to this casually conversational yet precision-tuned nature of empathy, one that evokes its friendly informality and storytelling, while closely attending to nuances of meaning in what people say and how they say it. I hope what you read intrigues you and stimulates your curiosity; however (and consider this a rigor warning), I expect it may occasionally also fry your brain and belie your assumptions.

As I describe in Chapter 1, the idea of empathy has, from the get-go, been confounding those who research and write about it. As early as 1935, the psychoanalyst Theodor Reik was already griping that "the concept of empathy in psychological discussion has come to mean so much that it is beginning to mean nothing" (as cited in Pigman, 1995, p. 237). Ninety years later, conceptual and terminological disputes and confusions continue to swirl. Part of the problem can be traced to ambiguities embedded within the word itself, so that "to speak of empathy has on occasion been as senseless as to discuss sitting in a box without distinguishing whether one means a compartment in a theater, the driver's seat, or a big case" (Reik, 1948, p. 350). Empathy involves deriving a first-person, embodied understanding of another person's context and experience—their circumstances, their relationship with self and others, and their ways of orienting to both. In the first chapter, I set out to derive an analogous understanding of the word *empathy* itself—its history, its differences from and relationship to related terms (sympathy, compassion, and others), and its relevance to the therapeutic process.

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As a therapist, I've always been committed to recommissioning and repurposing items of experience—symptoms—that clients initially assume they'd be better off without (e.g., Flemons, 2002, 2022). I brought this sensibility into researching and writing this book, looking at empathy with an eye to refurbishing it. I was inspired in this venture by a metaphorically intriguing nugget of advice offered in passing by the philosopher Ludwig Wittgenstein (1980): "Sometimes an expression has to be withdrawn from language and sent for cleaning," he said, and "then it can be put back into circulation" (p. 39e). The Zen teacher Shunryu Suzuki (2006) offered similar guidance to those wishing to study Buddhism. He said such an undertaking should involve "a general house cleaning of your mind. You should take everything out of your room and clean it thoroughly" (Suzuki, 2006, p. 111).

You could read the following pages as an elaborated response to Wittgenstein and Suzuki's suggestions; however, as you'll see, I've kept empathy in circulation throughout, and rather than sending it *out* for *cleaning*, I've aimed for an *in-house reconfiguring*. In Chapter 1, I straddle the weird divide between word and concept—between the term empathy and the concept it conveys. Keeping my eye on both, I approach the crisis of meaning in the field by questioning and offering alternatives to some fundamental assumptions widely and often unquestioningly held by researchers and theorists, assumptions about the nature of mind, language, emotion, communication, and the boundaries and constitution of the self. Wittgenstein (1980) endorsed this method of addressing and resolving intractable confusions: "Getting hold on the difficulty *deep down* is what is hard," he said,

> because if it is grasped near the surface it simply remains the difficulty it was. It has to be pulled out by the roots; and that involves our beginning to think about these things in a new way. . . .
>
> Once the new way of thinking has been established, the old problems vanish; indeed they become hard to recapture. For they go with our way of expressing ourselves and, if we clothe ourselves in a new form of expression, the old problems are discarded along with the old garment. (p. 48e)

In my reconfiguring, I've been guided by two quotes that, on the surface, contradict each other, one by the Zen teacher Bernie Glassman and the other by the anthropologist and ecosystemic philosopher Gregory Bateson. Glassman once made a pitch for keeping explanations simple and direct:

> My Ph.D. is in applied mathematics. My advisor used to say, "If you can't explain it, you don't know it." If you can't put it in regular, simple language that people can understand, then you don't really know what you're talking about. (Bridges & Glassman, 2012, pp. 105–106)

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I agree; however, sometimes commonly accepted terms and conceptions obscure rather than communicate clarity. Bateson cautioned that "the conventional language in which people talk about [human relations] . . . is mainly a blinding and misleading language, that the metaphors used are in general inappropriate" (as cited in Kirschenbaum & Henderson, 1989a, p. 193). Holding Glassman and Bateson's injunctions in dynamic juxtaposition, I have aimed to make the book accessible, and I have chosen my words carefully, recognizing that the tacit assumptions baked into our thinking and speaking as usual—including the underlying and unrecognized conceptual metaphors that pervade our language (Lakoff & Johnson, 1980)—can trip us up and take us down. I hope that any unconventional terms or phrases or unorthodox renderings of ideas will remind you, the reader, to embrace uncertainty and question your assumptions, both of which are critical not only to understanding empathy but also to employing it in clinical practice.

We think, experience the world, and come to know ourselves and others empathically through stories. I use them throughout the book as idea-delivery systems. Again and again, they help me depict abstract notions and important concepts in a form that is relatable, digestible, and memorable. Right off the top, I introduce you to the emotional whiplash my friend Carolyn Ellis endured in the living room of a bereaved friend; I offer some miniscenarios to tease out the shape-shifting nature of the self; and to help you get a feel for the line that divides self and other—the boundary that empathy, sympathy, and compassion each help you cross—I describe an experiment with soup that I once undertook in a restaurant. From there, I invite you to conduct an experiment of your own involving mindfulness meditation; I ask you to imagine singing in a choir, and then I tell you about the time I tried, and failed, to hoodwink my sister-in-law back in the 1980s. See what I mean? The unfolding discussion is more exploratory conversation than equation, the shape of it more resembling the gathering and sharing of information in a therapy session than the listing of bullet points in a slide presentation.

Taken together, the stories and experiments are invitations for you to derive not just a conceptual appreciation but also an experiential grasp of what empathy is and how it works—to make sense of it and get it in your bones. This is in keeping with what empathy invites and allows—positioning your imagination to facilitate making sense of the client's mind and embodied experience.

Without imagination, there would be no empathy. Chapter 2 explores how you, curious about the client's world, can best imagine your way into it. Authors have long worried about threats to the self that result from the imaginative efforts to understand another empathically. I offer a way of

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thinking about and undertaking empathic engagement that protects your well-being and your relationship with the client.

I don't remember any of my graduate school professors talking to me or my fellow students about the personal challenges we would face as a result of our empathically connecting with suffering people. This was a long time ago, before there was much cultural recognition of the risks of professional burnout. Chapter 3 offers the self-care guidance I could have used when I first entered the field. Many years into my career, I became the director of a university student counseling center, supervising a dedicated staff working with an onslaught of often highly distressed clients. In addition to our daytime responsibilities, we staffed a 24/7 crisis line for the university. The therapists took calls for a week at a time; their supervisors and I were never without our dedicated cell phones, which could and did ring at any time. We supported and helped a lot of people, but the emotional demands of doing so were, at times, considerable. It was that experience that alerted me to the necessity of proactively protecting the well-being of therapeutic first responders. I wish my wake-up call had happened sooner because I could have then shared the ideas and practices from this chapter with my staff on their first day of employment.

As therapists, we've all seen clients caught in tragic loops, expending great efforts to solve a problem that only exacerbates it. As a supervisor, I've witnessed therapists caught in analogous tragic loops with their clients, in which their heartfelt efforts to empathically connect end up alienating the person they're trying to reach. In Chapter 4, I detail five orienting commitments for empathic engagement that can help you avoid such ironic tangles: distinguishing professional from personal intimacy, accepting the limits of knowing, not presuming that you know, remaining nonjudgmental, and committing to demonstrating, rather than claiming, empathic understanding.

As you read, you'll see that I approach empathy not as an individual trait or a state of being but, rather, as a particular kind of relationship between self and other and as a means of engagement between a therapist and client. Empathy is something you do. Chapter 5 is devoted to helping you develop your empathic skills, not only when working with individuals but also with couples, families, and groups. I demonstrate how to listen empathically, adapting and refining your understanding in response to client feedback; how to ask questions and float hunches; how to effectively intersperse your empathic contributions throughout conversations; how to practice what I call "both–and empathizing" (holding and articulating two or more divergent views or perspectives simultaneously); and how you can weave your therapeutic sensibility into your empathic offerings, finding ways to explicitly acknowledge what

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the client is experiencing while implicitly establishing resources and potentiating possibilities for change.

One more comment about that rigor warning: In the first two chapters, I methodically build the theoretical and research scaffolding for the practice-based guidance of the last three. If you prefer to know why before you venture into what and how, a deep dive into the first third of the book will satisfy that curiosity. However, if you want to cut to the chase and don't need a rationale for trying something new, then rather than closely following the explorations and explanations of Chapters 1 and 2, you may find a more cursory read suffices. You can always go back to them later if need be.

We're just about ready for blast off, but first, I want to tell you about an interaction between a skilled and experienced colleague of mine, Sebastian, and a client, Nathan, who he had dubbed, in the privacy of his mind, "The Bully."[2] Nathan was a big, brash professor at one of the universities in Boston and the author of half a dozen important books on politics and history. Nathan intimidated his students and colleagues, poked fun at anyone who didn't "measure up," and became loud and threatening when fighting with his wife. When a previous therapist, someone whom Nathan liked, had told him that such abusive behavior was unacceptable, Nathan fired him on the spot. Only one person, an older friend and colleague, had ever been able to "call him on his shit," but after he died, Nathan deemed no one a peer.

In one of their weekly sessions, Nathan lamented to Sebastian about his oldest son leaving for college. Rather than staying in the northeast, the son had decided to go to Stanford, and Nathan was steamed. "Why move all the way across the country," he had angrily demanded of his son, "when you can get twice the education down the street!?"

To enhance their therapeutic alliance, to help Nathan make sense of his inner turmoil, and to perhaps shift him away from lashing out at his son, Sebastian was inspired to share an empathic understanding of Nathan's plight. Having long admired the work of Irvin Yalom (2002), a psychiatrist who advocates therapist transparency and self-disclosure, Sebastian delivered this understanding by way of a personal anecdote.

"So listen," he said warmly, "I know something about what you're going through. I struggled, too, when our oldest daughter decided to go to college out of state. It felt personal, somehow, like she was wanting to get as far away from us as possible. I was surprised by how hurt and angry I felt, but

[2]This and all the other case examples throughout the book have been modified to protect the confidentiality and disguise the identities of the individuals described.

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I came to realize that I was afraid of losing her to her adulthood, afraid of missing her, and afraid that my wife and I were about to become bit players in her life."

Nathan took a breath, looked up at the ceiling to his left, paused, looked up to the ceiling to his right, and then fixed Sebastian with a stare that bore through his skull. "So tell me," he said, "am I paying *you* for this session, or are you paying *me*?" Sebastian, feeling about two inches tall, explained that he was merely trying to show him that he had first-hand knowledge of Nathan's circumstances and pain. Nathan icily clarified that Sebastian's relationship with his daughter was irrelevant to his own relationship with his son and thus was of zero interest to him. With the bearing and tone of an affronted professor, he pronounced the session over.

I suggest you float this exchange in the back of your mind as you make your way through the book. I'll be returning to it in the Epilogue, by which time you'll be well prepared for my take on why Sebastian's well-meaning empathic offering likely slammed into a brick wall and what you can do to avoid similar client reactions in your own sessions. But first, you have some reading, thinking, feeling, wondering, and experimenting to do.