

Perceptions of Analogue Therapist Empathy as a Function of Salient Experience Similarity

Joan DeGeorge and Michael J. Constantino

University of Massachusetts Amherst

Therapist empathy is an important ingredient of successful psychotherapy. However, the specific factors that influence patients' perceptions of therapist empathy remain unclear. We examined whether participants' perceptions of a therapist differed as a function of the participant and therapist having had a similar salient experience (parental divorce). Participants were 136 undergraduates randomly assigned to view a brief video vignette of a therapy session involving a therapist who they were led to believe did or did not share the parental divorce experience. Participants' ethnicity, participant gender, confederate patient-therapist gender, and study participant-analogue therapist gender match were controlled for. Counter to our prediction, experience match was unrelated to perceived therapist empathy. However, the higher the participants' ratings of the negative impact of their parent's divorce, the more empathic they viewed the therapist.

Keywords: therapist empathy, perceptions of therapist, patient-therapist match, analogue therapy design

Supplemental materials: <http://dx.doi.org/10.1037/a0027365.supp>

Patient-perceived therapist empathy is an important clinical variable common to many psychotherapies (Bohart, Elliott, Greenberg, & Watson, 2002; Rogers, 1957). Therapist empathy has been associated with positive outcomes. For example, a meta-analysis of 59 independent samples revealed a significant medium effect size (weighted $r = .31$, $p < .001$) across diverse therapeutic orientations and patient populations (Elliott, Bohart, Watson, & Greenberg, 2011). However, the specific factors that

Joan DeGeorge and Michael J. Constantino, Department of Psychology, University of Massachusetts Amherst.

Correspondence concerning this article should be addressed to Joan DeGeorge, 135 Hicks Way, University of Massachusetts Amherst, Amherst, MA 01003. E-mail: jdegeorg@psych.umass.edu

influence patients' perceptions of therapist empathy remain unclear. Despite some research on the association between therapist characteristics and empathy (e.g., see Duan & Hill, 1996), there has been less focus on patient or dyad characteristics as determinants of patient-perceived therapist empathy. Given the conceptualization of empathy as experientially putting oneself in the shoes of another (Bohart et al., 2002), it seems plausible that the dyadic characteristic of having a shared salient experience would be related to patients' perceptions of their therapist's ability to empathize with them. McKay, Dowd, and Rollin (1982) had participants who used wheelchairs view videos of a therapist either in a wheelchair or not, with the therapist demonstrating either high or low social influence. Participants rated high social influence therapists as more empathic, expert, and trustworthy if they were in a wheelchair compared with those who did not use a wheelchair. For therapists demonstrating low social influence, participants viewed them as comparably empathic, expert, and trustworthy whether or not they were in a wheelchair. This appears to be the only study demonstrating that under certain conditions (i.e., therapists demonstrating high social influence), a shared experience between a participant and a therapist (i.e., wheelchair use) might relate to the participant's perceptions of the therapist.

There is also indirect evidence pointing to the potential therapeutic benefit of shared experience between participant/patient and therapist. In a study of patients with eating disorders, Costin and Johnson (2002) found that patients whose therapists withheld disclosure of having recovered from their own eating disorder reported lower alliance quality than patients whose therapists disclosed their eating disorder history. In contrast, in a study of treatment for alcohol problems, patient outcomes were unrelated to therapists' self-report of having their own alcohol problems (Project MATCH Research Group, 1998). Further research is clearly required in this area.

In this study, we used a randomized experimental design in which analogue participants viewed video vignettes of a therapy session involving a therapist who they were led to believe did or did not share a salient experience (in this case parental divorce). To the extent that knowledge of a shared experience might help patients feel less alone with their painful experiences, we hypothesized that participants who believed that their therapist's biological parents had also divorced would view the therapist as more empathic than participants who had no information on their therapist's background. The possibility of an interaction between the shared experience of divorce and participants' self-reported degree of negative impact from their parents' divorce was also examined. It is plausible that experience match will only influence perceptions of therapist empathy if the impact is

marked, thereby rendering the experience more central to the treatment and the therapy relationship.

METHOD

Participants

Participants were 136 undergraduates (98 female, 38 male) at a large, public, northeastern university. To control for the potential influence of ethnicity on the primary research questions, only Caucasian students were recruited, and only Caucasian therapist and patient confederates were employed. Participants were invited based on their affirmative response to an item on a prescreening questionnaire asking whether their biological parents had been divorced in the past 5 years.

Materials

Video Vignettes

Two video vignettes were recorded: one vignette included a doctoral-level male therapist treating a male confederate patient whereas the second included a doctoral-level female therapist treating a female confederate patient. The video scripts were identical in content and recorded in the same environment. The nature of the interaction was a 5-min excerpt from a midtreatment therapy session of an undergraduate experiencing distress from the recent divorce of his or her parents. The therapist responded primarily with empathic reflection throughout the segment. The issues discussed by the patient included feelings of being overwhelmed, of emptiness, and of difficulty with motivation. The session was preceded by a videotaped introduction by a “narrator” who explained why the patient was seeking treatment. The narrator also instructed participants to imagine themselves in the patient role as they watched.

Treatment Descriptions

Before watching the video, participants were provided with a written description of the therapist’s education and specialty (i.e., working with college-aged individuals experiencing distress related to parental divorce). These descriptions were identical, except that in one condition there was an

additional phrase referencing the therapist's personal history with parental divorce whereas in the other condition this phrase was omitted (see Appendix A in the online supplemental materials).

Measures

Therapist Empathy

The Empathy Scale (ES; Persons & Burns, 1985) includes ten items rated on a 4-point, 0 to 3 scale. It is scored by adding the five positively worded items and subtracting the five negatively worded items; thus, total scores can range from -15 to $+15$, with higher scores reflecting more participant-perceived therapist empathy.

Impact of Parental Divorce

Participants completed a one-item scale that asked, "How much of a negative impact did your parent's divorce have on you?" The scale ranged from 1 (*not at all*) to 5 (*a lot*).

Manipulation Check

To ensure that they had noticed the description of the therapist's personal divorce experience, participants in the experimental condition were asked if the therapist they viewed had experienced the divorce of his or her own parents during college. Participants were also asked the gender of the therapist they viewed and whether they had themselves experienced the divorce of their own parents in the last 5 years (to assess accurate match with their response on the prescreening question).

Procedure

Eligible and consenting participants were randomly assigned to view one of the following four video vignettes (which were established to allow us to assess the salient similarity variable and to control for the gender of the confederate patient-therapist dyad and the study participant-analogue therapist gender match): (a) the female patient-therapist dyad in which the therapist had experienced parental divorce, (b) the female patient-therapist dyad

in which no mention is made of the therapist’s experience with parental divorce, (c) the male patient-therapist dyad in which the therapist had experienced parental divorce, and (d) the male patient-therapist dyad in which no mention is made of the therapist’s experience with parental divorce. The experimental session began with general instructions and the written description of the therapist. Participants then viewed the assigned therapy vignette. After the video, participants were directed to a web-based survey in which they completed the measures described above.

RESULTS

After 20 participants who failed the manipulation check were removed, 121 participants (88 female, 33 male; $M_{\text{age}} = 19.32$ years; $SD_{\text{age}} = 1.37$ years) remained in the primary analyses. The intercorrelations among all study variables are presented in Appendix B in the online supplemental materials.

To address the primary study questions, we conducted a hierarchical linear regression including gender match between the participant and the confederate patient-therapist dyad ($n = 67$ matched, 54 unmatched) in step 1, the match between participant and therapist on shared divorce experience ($n = 55$ matched, 66 unmatched) and the rating of negative impact of parental divorce on the participant ($M = 3.12$; $SD = 1.23$) in step 2, and the experience match $\times$ divorce impact interaction in step 3. The criterion was participant-perceived therapist empathy ($M = 6.45$; $SD = 5.51$). The two binary variables (match on gender and match on divorce experience) were coded $\pm .5$ ($-.5$ for no match and $.5$ for a match to normalize distribution

Table 1. Summary of Hierarchical Multiple Regression Analysis Predicting Therapist Empathy

Variable	<i>b</i>	<i>SE b</i>	β	<i>p</i>
Step 1	$R^2 = .01, F(1, 117) = .64$			
Match on gender	-.82	1.02	-.07	.43
Step 2	$\Delta R^2 = .07, \Delta F(2, 115) = 4.60^*$			
Match on gender	-.71	.99	-.06	.48
Match on divorce	-.95	.99	-.09	.34
Degree of negative impact	1.20	.40	.27	.00**
Step 3	$\Delta R^2 = .01, \Delta F(1, 114) = .90$			
Match on gender	-.82	1.00	-.09	.41
Match on divorce	-.97	.99	-.05	.33
Degree of negative impact	1.23	.41	.28	.00**
Match on divorce $\times$ degree of negative impact	-.77	.82	-.09	.35

Note. $N = 118$.
* $p < .05$. ** $p < .01$.

and to simplify interpretation); the remaining ordinal variables were all centered at their means (see Table 1 for results). Gender match alone did not predict therapist empathy. However, adding the independent predictors explained a significant amount of additional variance (7%) in therapist empathy. There was a significant main effect for degree of negative impact; participants who reported a higher negative impact from their parent's divorce rated therapists as more empathic than those who rated a less negative impact. This finding held when including the interaction between shared experience match and degree of negative impact in the model (although the interaction itself was not significant).

DISCUSSION

Contrary to our prediction, salient experience match did not significantly predict participant-rated therapist empathy. Furthermore, there was no interactive effect of experience match $\times$ negative divorce impact. However, greater negative impact of parental divorce on the participant was associated with greater perceptions of therapist empathy.

There are several plausible explanations for salient experience match being unrelated to participant perceptions of therapist empathy. Patients possibly might view therapists as trained experts who can foster this important therapeutic quality irrespective of whether they have had the same experience(s) in their own lives. This finding complements previous work showing that matching patients and therapists on various life experiences did not have a marked influence on treatment outcome (Beutler, Castonguay, & Follette, 2006).

On the other hand, experience match is important, but just not for our selected variable of parental divorce. As we noted earlier, there is some evidence to suggest various treatment benefits of eating disorder patients knowing that others, including their therapist, have also suffered and recovered from an eating problem (e.g., Costin & Johnson, 2002). Thus, it is possible that salient experience match has clinical relevance only for certain types of presenting problems or pathologies.

It will of course be important for future research to continue to focus on the salient experience variable not only for purposes of replication but (also) to tease out which salient experiences, under what conditions, would be the most important for patients' perceptions of their therapist. Such work should also address whether there are particular types of therapy for which salient experience has a significant effect; for example, it is possible that such a match is less relevant in client-centered therapy that focuses on empathy-oriented strategies, but more

relevant in problem-oriented approaches? Furthermore, the dissemination of our null findings is important in terms of counteracting publication bias, informing future research questions and designs, and providing accurate information for statistical aggregation (i.e., meta-analysis).

Although not predicted, the impact of the divorce on the participant was positively associated with participant-perceived therapist empathy. It is possible that participants experiencing greater distress from their parental divorce may have felt more likely to be understood by a therapist specializing in the treatment of college students suffering from the sequelae of a divorce. It might also be the case that these participants, given the power of their parents' divorce, were more engaged in their viewing of the therapy session and more readily became immersed in the patient role, which perhaps allowed them to feel more connected to the therapist and more able to receive the therapist's portrayed empathy. Of course, these interpretations of the data are highly speculative at this point.

The study had several limitations. The therapy dyad videos were short, thus limiting the participants' exposure to the therapist and in turn potentially limiting their ability to fully immerse themselves into the role and to assess accurately their perceptions. It is unclear if the written manipulation was powerful enough to constitute a good test of the shared experience hypothesis. Because this was an analogue study, the findings have limited external validity. Finally, the impact of parental divorce scale was a novel, one-item measure.

REFERENCES

- Beutler, L. E., Castonguay, L. G., & Follette, W. C. (2006). Integration of therapeutic factors in dysphoric disorders. In L. G. Castonguay and L. E. Beutler (Eds.), *Principles of therapeutic change that work* (pp. 3–10). New York: Oxford University Press.
- Bohart, A. C., Elliott, R., Greenberg, L. S., & Watson, J. C. (2002). Empathy. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 89–108). New York: Oxford University Press.
- Costin, C., & Johnson, C. L. (2002). Been there, done that: Clinicians' use of personal recovery in the treatment of eating disorders. *Eating Disorders: The Journal of Treatment & Prevention*, 10, 293–303. doi:10.1080/10640260214506
- Duan, C., & Hill, C. E. (1996). A critical review of empathy research. *Journal of Counseling Psychology*, 43, 261–274. doi:10.1037/0022-0167.43.3.261
- Elliott, R., Bohart, A. C., Watson, J. C., & Greenberg, L. S. (2011). Empathy. *Psychotherapy*, 48, 43–49. doi:10.1037/a0022187
- McKay, J. K., Dowd, E., & Rollin, S. A. (1982). The effects of rehabilitation counselor disability status on similarly disabled clients' perceptions of counselor social influence and empathy. *Journal of Applied Rehabilitation Counseling*, 13, 10–13.
- Persons, J. B., & Burns, D. D. (1985). Mechanisms of action of cognitive therapy: The relative

contributions of technical and interpersonal interventions. *Cognitive Therapy and Research*, 9, 539–551. doi:10.1007/BF01173007

Project MATCH Research Group. (1998). Therapist effects in three treatments for alcohol problem. *Psychotherapy Research*, 8, 455–474.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 95–103. doi:10.1037/h0045357