Positive Empathy: A Therapeutic Skill Inspired by Positive Psychology

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Objective: Positive empathy (PE), a type of empathy response that focuses on a client's hidden message of desire for a better life, was hypothesized to increase the expression of positive emotions, approach goals, and strengths, and to communicate equivalent understanding when compared to traditional empathy (TE). Method: We examined 4 hypotheses in 2 studies. In study 1, college participants read therapy session vignettes incorporating PE or TE and then listed the client's strengths and goals and rated the therapist and how well they imagined themselves as the client in the vignettes. In study 2, therapist–client dyads attended 6 weekly sessions that incorporated both PE and TE, after which clients rated therapists' level of empathic understanding and session observers rated clients' emotional responses, revelations of strengths, and goals in response to empathy. Results: In both studies, the results of PE and TE were similar, while PE elicited a greater number of approach goals. In study 2, clients expressed more strengths and positive emotions after PE responses than TE. Conclusion: Our results support PE for enhancing client growth (i.e., when a client pursues approach goals, enlists strengths, and experiences positive emotions), which is consistent with the process of positive psychology-informed psychotherapy © 2015 Wiley Periodicals, Inc. J. Clin. Psychol. 00:1–9, 2015.

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The purpose of this study is to further the development of positive empathy (PE) as a psychotherapy process intervention. Traditional empathy (TE), sensing the client’s world and sharing the experiences (Elliott, Bohart, Watson, & Greenberg, 2011), remains one of the foremost conditions for establishing therapeutic alliance and creating beneficial outcomes (Elliott et al., 2011; Greenberg, Watson, Elliott, & Bohart, 2001; Wynn & Wynn, 2006). This study investigates positive empathy (PE), a type of TE that focuses on the message of desire hidden within a client's communication, that is, the unstated message of what the client wants. PE is hypothesized to facilitate the client's experience of positive emotions and the identification of approach goals and strengths, both of which are key in the positive psychology psychotherapy model (Conoley & Conoley, 2009). The three variables (i.e., approach goals, strengths, and positive emotions) could also be important in other psychotherapy theories.

The rationale for the current process study rests on the assumption that particular therapist behaviors (interventions) can often facilitate movement toward a desired outcome by encouraging specific client experiences. For this reason, we examined the intervention of PE to document if specific experiences can be predicted after its use. Specific client experiences were examined because they fit with the model of positive psychology psychotherapy that we are developing. The model describes client growth occurring when a client pursues approach goals, enlists strengths, and experiences positive emotions. The following brief review describes some the research regarding positive emotions, approach goals, and strengths.

Positive Emotions

The importance of positive emotions stems from Barbara Fredrickson's broaden-and-build theory (1998), which suggests that positive emotions, although experienced briefly, can create long-term beneficial changes. Positive emotions create a momentary openness to new thoughts and behaviors that can become long-term resources, which in turn can create more positive
emotions, thereby facilitating an escalating growth cycle. While most psychotherapy includes increased positive emotions as an outcome goal, the broaden-and-build theory focuses on positive emotions as a process within therapy that facilitates outcome. The client's momentary positive emotions (e.g., curiosity, pride, joy, gratitude, optimism, support) can lead to creativity, openness to change, and development of resources (Fredrickson & Branigan, 2005; Schmitz, De Rosa, & Anderson, 2009; Wadlinger & Isaacowitz, 2006).

**Approach Goals**

Approach goals facilitate growth by their ability to increase motivation, persistence, optimism, and commitment to learn new things (Elliot, Gable, & Mapes, 2006; Elliot, McGregor, & Gable, 1999; Goetz, Robinson, & Meier, 2008). Often contrasted with avoidant goals, approach goals can be described as increasing or achieving a desired outcome, such as increased intimacy or enjoyment of work. Conversely, avoidance goals emphasize escaping aversive outcomes, such as reducing depression, conflict, or fear (Gable, 2006). Typically, clients initially identify their goals as the cessation of a problem, an avoidance goal. Avoidance goals, however, have been associated with a myriad of problems, including lower therapy outcome (Elliot & Church, 2002) and a general decrease in physical and psychological well-being (Elliot & Sheldon, 1998).

**Strengths**

Although defined in many ways (e.g., Biswas-Diener, Kashdan, & Minhas, 2011; Peterson & Seligman, 2004), the present study defines strengths as activities, abilities, beliefs, and contexts that benefit a person (Conoley, Conoley, & Pontrelli, 2014). Using these strengths in psychotherapy can lead to well-being, self-esteem, and vitality (Wood, Linley, Maltby, Kashdan, & Hurling, 2011) and can provide tools for growth.

**Empathy Comparison**

Our study compares PE to a traditional form of empathy that focuses on negative experience, as can be seen in the majority of examples of empathy in therapy skills books and journals (e.g., Prochaska & Norcross, 2010; Wynn & Wynn, 2006). In this study, for comparison sake, we used the term *traditional empathy* to refer to the traditional form of empathy that focuses on negative or difficult emotions. TE holds an important place in psychotherapy; Clients have a need for their pain and suffering to be acknowledged or understood (Barrett-Lennard, 1962). For example, Carl Rogers eloquently wrote of the importance of TE focusing on the client's pain: “It is only as I understand the feelings and thoughts which seem so horrible to you . . . it is only as I see them as you see them, and accept them and you, that you feel free to explore all the hidden nooks and frightening crannies of your inner and often buried experiences” (Rogers, 1961, p. 34). Therefore, TE is a good contrast because of its wide acceptance and importance in the psychotherapy literature.

Using two studies, the research reported here investigated the following hypotheses: PE would result in the identification of more strengths (H1) and more approach goals (H2) than TE. Additionally, participants were hypothesized to rate the amount of understanding communicated in the PE and TE vignettes as not dissimilar (H3). And in addition to these three hypotheses, study 2 hypothesized that PE would elicit more positive emotions than TE (H4). Analogue designs were employed because the use of non-clients was the most cautious, ethical approach for the investigation of a new therapeutic technique. Also, analogue designs allow greater internal validity advisable for the initial studies of interventions.

**Study 1**

Study 1 investigated the hypotheses that PE would result in the identification of more strengths and approach goals than TE. Additionally, we hypothesized that the participants would rate the amount of understanding communicated in the PE and TE vignettes as not dissimilar.
Method

Participants

The sample comprised college undergraduates (N = 63; aged 19–29 years; 14.3% males, 82.5% females), who received course credit for participation. The participants self-identified as European American (39.7%), Latino/Other Spanish (15.9%), Chicano/Mexican American (15.9%), Asian American/Pacific Islander (11.1%), Other/Mixed Race (15.9%), and foreign (1.6%). Of the participants, 30 reported that they had been in therapy before, with 55.5% of those reporting their therapy was helpful.

Measures

Empathic Understanding in Interpersonal Process Scale (EUIPS; Carkhuff, 1969).

The EUIPS is a five-level measure of the therapist’s empathy understanding. In level 1, the therapist does not attend to or detracts from the client communication; in level 2, the therapist subtracts noticeable affect from the client’s communications; in level 3, the therapist’s response is interchangeable with the client’s meanings; in level 4, the therapist expresses feelings a level deeper than the client expressed; and in level 5, the therapist expresses feelings and meanings accurately that the client cannot clearly express. EUIPS has predictive validity in studies that discriminate between therapist skill levels. For example, Boulas (1973) found that training in empathy skills increased the EUIPS scores of clients in therapy. Lutwak and Hennessy (1982) found that as the conceptual level of therapists increased, the empathy scores of clients increased as well. EUIPS also demonstrated concurrent validity by correlating with the Barrett-Lennard Relationship Inventory (Jarski, Gjerde, Bratton, Brown, & Matthes, 1985) and the California Psychological Inventory subscales (Downs & Jenkins, 1993). Kurtz and Grummon (1972) found that the client-perceived EUIPS ratings of empathy was the only predictor of therapy outcome when compared to 5 other empathy measures.

Vignette Pilot Study

Six advanced doctoral students who had at least 2 years of psychotherapy experience examined four written vignettes. Each vignette addressed the client’s issue with either a TE or PE response. For example, a vignette portrays a new college student doing well academically but is experiencing problems with relationships. The student states: “I’ve already been in college for a couple of months but I can’t seem to find my niche here. It seems like everyone else has so many friends. I don’t even like to call home because then I start to feel even more sad and I don’t want my parents to know how bad I feel. I miss home, but when I go back, I don’t feel like I belong there either.” The TE response is as follows: “You seem a little lost because you’re not connected to other people on campus or your family. You also seem disappointed in what school has offered you so far in terms of how you fit in.” The PE response is as follows: “You seem to yearn for a sense of belonging and being part of a group of friends. You hope to build close relationships while also maintaining a connection to your family at home.”

The judges rated each of the four vignettes as similar in ratings and high quality (very close to excellent) on the following five dimensions. (a) “How well does the vignette match the definitions?” The responses were rated on a 7-point scale ranging from 1 (poor) to 7 (excellent). The averaged scores for quality of the TE and PE responses were 6.5 and 6.9, respectively. (b) “How well can you imagine being the client?” The responses were rated on a 7-point scale ranging from 1 (poor) to 7 (excellent). The averaged scores for realism of the TE and PE responses were 6.16 and 6.08, respectively. (c) The averaged EUIPS scores were 3.25 for TE and 3.41 for PE, with both averages above the accurate restatement level of empathy. (d) All of the judges reported having used TE in the past but none had used PE. (e) Also, all judges reported a willingness to use PE in their future psychotherapy. In summary, the judges’ ratings indicated that the vignettes were equivalently high-quality representations of PE and TE and that both were judged acceptable for use in psychotherapy.
**Procedure**

After consenting, participants were randomly assigned to either the PE or TE group. Participants were asked to imagine themselves as the client while reading two vignettes. After reading each vignette, participants were asked to list the strengths and goals of the client and to rate the therapist using the EUIPS. Finally, participants rated how well they imagined themselves as the client in the vignettes.

**Results**

As a manipulation check, the participants reported their ability to imagine themselves as clients. Out of seven possible points, the means for the first and second vignettes were 5.30 and 4.85, respectively, which we interpret as a good ability for the participants to imagine themselves as clients. The level of empathy ratings between the two subtypes of empathy (TE vs. PE) revealed no statistical difference, $F(1, 61) = 0.139$, $p = .71$, $\eta^2 = .002$. The PE mean was 2.97 (standard deviation $SD = 1.27$) and the TE mean was 3.04 ($SD = 1.29$). Given that the effect size of the difference between PE and TE was minimal, the level of empathic understanding for both subtypes of empathy was considered comparable.

We counted the number of approach goals as specified by the participants (e.g., approach goals were “to communicate more effectively” or “to get better grades”). A statistical difference was found between the mean number of approach goals between the PE and TE groups, $F(1, 60) = 9.56$, $p = .003$, $\eta^2 = .137$. Participants reported a mean of 2.03 for the approach goals with the PE group ($SD = .97$) and a mean of 1.27 for the approach goals with the TE group ($SD = .98$). Although the difference in the mean number of strengths identified by the participants was close, it was not statistically different, $F(1, 61) = 3.55$, $p = .06$; $\eta^2 = .055$; more strengths were identified with PE (mean $M = 2.03$, $SD = .78$) than TE ($M = 1.64$, $SD = .84$).

**Discussion**

Two of the three hypotheses were supported. As hypothesized, PE and TE were not dissimilar in communicating understanding of the client in the two vignettes. Also as hypothesized, participants listed significantly more approach goals with imagining themselves in the PE vignette compared to the TE vignette. Although the PE vignettes elicited more strengths than the TE vignettes, as hypothesized, the probability was subthreshold ($p = .06$) and accounted for approximately 6% of the variance (based on eta squared).

Using an analogue design in study 1 had three advantages: (a) not putting real clients at risk with a new technique (safety); (b) allowing high control of the variables for high internal validity in examining a new technique; and (c) providing an efficient manner of investigation with a large number of participants. The results of study 1 supported a more realistic follow-up study.

**Study 2**

Because PE created most of the predicted results, study 2 examines PE in a more realistic psychotherapy context. In study 2, two therapists and two volunteer clients, who were experiencing distressing issues, attended six weekly therapy sessions. In study 2, we added a prediction regarding positive emotions. PE, compared to TE, was hypothesized to create more positive emotions and to stimulate more statements of approach goals and strengths. Positive emotion as a dependent measure is important because it facilitates growth, according to the broaden-and-build theory (Fredrickson, 1998). Just as before, PE and TE were hypothesized not to be dissimilar in the amount of empathic understanding.
Method

Participants

Volunteer clients. Two 21-year-old female college seniors volunteered to be the clients in exchange for course credit. Client A (Mexican American) and client B (Vietnamese American) assessed themselves, according to the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992), on belonging to and having pride in their own ethnic group and feeling comfortable socializing with other ethnic groups. Both volunteers had personal distress and scored at the mild level of depression (Beck Depression Inventory-II; Beck, Steer, & Brown, 1996). Only client A had previously sought psychotherapy, but she found her previous therapy unhelpful and was uncomfortable with her previous therapist. The participants consented to six experimental videotaped psychotherapy sessions.

Psychotherapists. Two female advanced doctoral students with master’s degrees and more than 4 years of therapy experience served as therapists. Dyad A included a European American clinical psychology therapist who identified as a cognitive-behavioral therapist and reported using TE regularly. Dyad B included a Chinese American counseling psychology therapist who identified as a positive psychology therapist and reported regularly using both types of empathy. The therapists were not aware of the hypotheses beyond the focus on empathy. The therapists participated in three 1-hour training sessions on PE and TE. At the end of the training, both therapists were able to demonstrate empathy in role-playing at the most advanced level of the EUIPS (Carkhuff, 1969). That is, both therapists accurately expressed feelings and meanings back to the role-played client, who had not directly stated them. Both therapists consented to being part of the videotaped research project.

Measures

Identification of empathic statements. An experimenter viewed the videos to identify instances of PE and TE, without knowing which type of empathy the videos were supposed to contain, followed by two other experimenters corroborating the identification. Instances of empathy were identified when the client spoke for 60 seconds after the therapist’s empathetic statement and without the therapist altering the topic.

Client affect. Client affect was rated as positive, neutral, or negative during the first 10 seconds of the therapist’s empathetic statement. Positive emotions include smiling, laughing, voice tone, or face becoming animated. Negative affect examples include crying, frowning, rubbing eyes, or looking down. Neutral affect examples include no change in face, posture, or voice tone. This approach has demonstrated predictive validity (e.g., Dunlap, 1984; Dunlap & Koegel, 1980).

Client goals. The client’s goals were rated if the client stated her goals within 60 seconds of an empathic statement. Approach goals were identified when the client overtly stated something helpful she wanted to do, and not something to decrease or avoid negative outcomes.

Client strengths. Strengths were rated if the client expressed statements of strengths within 60 seconds of an empathic statement. Strengths were recorded when the client described any of the following statements of strengths: (a) what she does well (past, present, or future); (b) what she likes about herself (past, present, or future); (c) insight, creativity; (d) active coping, (i.e., going after what is wanted, planning, and using appropriate patience or good judgment); (e) an ability or involvement in a healthy activity, an accomplishment that brings enjoyment, meaning, relationship enhancement, or a contribution to others well-being; (f) a good relationship with or positive feelings toward someone; or (g) positive health, healthy belief, positive characteristic, or confidence (Conoley et al., 2014).
Table 1

The Percentage of Approach Goals, Strengths, and Emotions Observed After PE and TE for Both Clients

<table>
<thead>
<tr>
<th></th>
<th>Dyad A</th>
<th>Dyad B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive emotion</td>
<td>80.00%</td>
<td>83.33%</td>
</tr>
<tr>
<td>Approach goals</td>
<td>60.00%</td>
<td>50.00%</td>
</tr>
<tr>
<td>Strengths</td>
<td>80.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Note. PE = positive empathy; TE = traditional empathy.

Barrett-Lennard Relationship Inventory (BLRI; Barrett-Lennard, 1962). The BLRI empathy scale measures the therapist’s depth of understanding from the client’s perspective, with a possible range of scores between -48 and 48. The empathy subscale of the BLRI has demonstrated high validity (Barrett-Lennard, 1986; Gurman, 1977); for example, Layton and Wykle (1990) found that the BLRI successfully predicted the hypothesized difference in empathy expressed by highly trained nurses compared to less trained nurses. When rating the empathy of medical students interacting with simulated patients, Jarski et al. (1985) found a correlation between the BLRI and the EUIPS (Carkhuff, 1969).

Procedure

The therapist–client dyads attended six weekly 50-minute videotaped sessions. Therapists alternated between TE and PE every other session: Dyad A was randomly assigned to start with TE and so dyad B began with PE. PE statements focused on the client’s underlying message of desire. For example, a participant states, “I haven’t been able to get over my breakup. I wasn’t able to tell my ex some things that I wanted to and we haven’t talked to each other since,” and a PE response might be, “It seems that you’re yearning for a sense of closure and want to feel better about it so you can move on with your life.” A TE response, however, might be, “You seem to be lacking a sense of closure for your breakup and are feeling regretful and stuck about what to do.” After each session the client rated the therapist’s depth of understanding using the empathy scale of the BLRI (Barrett-Lennard, 1962).

Three of the experimenters initially rated each of the clients’ responses to identify client affect (positive vs. not positive), client goal (approach goal stated vs. not stated), and client strength (strength stated vs. not). The clients’ responses to an empathic statement were transcribed. The experimenters met as a group to view the video segments, rate the client statements, and discuss the ratings until reaching unanimous agreement. Subsequently, three doctoral students individually rated the client responses to establish inter-rater agreement. The percentage agreement for client affect was 88%, 73% for client goals, and 80% for client strengths.

Results

As a result of the six sessions, dyad A revealed a total of nine empathy occurrences that met criteria and comprised four TE responses and five PE responses. Dyad B revealed at total of 17 empathy occurrences and comprised 11 TE responses and 6 PE responses. The postsession client ratings of Carkhuff’s Empathy Scale (Carkhuff, 1969) were very similar, with the mean of 37.66 for the six PE sessions and 37.50 the mean of the six TE sessions.

Table 1 presents the percentage of positive emotions, approach goals, and strengths generated in reaction to the two types of empathy for dyads A and B individually. The results of both dyads were combined because they are consistent. As hypothesized, PE generated more positive emotions than TE: 81.82% versus never (chi square cannot be calculated with zero in a cell). PE generated more approach goals than TE: 54.54% versus 6.67%, $\chi^2(1) = 81.358; p < .0001$. PE elicited statements of strength more often than TE: 90.91% versus 26.67%, $\chi^2(1) = 23.254; p < .0001$.
Discussion

The data from both dyads not only support the hypotheses but also reveal that the results of study 1 underestimated the influence of PE. As hypothesized, PE generated more positive emotion, approach goals, and strengths compared to TE. Real issues and therapeutic relationships increased the differences between PE and TE when compared to therapy experienced vicariously through written vignettes.

Discussion

The current study investigated the influence of PE in facilitating client responses that fit with the process of positive psychology-informed psychotherapy. Both analogue studies supported the hypotheses that PE not only facilitated enumerating approach goals but also communicated understanding of the clients’ perspective. The second study supported the hypothesis that PE facilitated the expression of positive emotions and increased the number of strengths identified when compared with TE.

Because this was the first study of PE to our knowledge, we used an analogue design to protect clients from an untested technique and to increase internal validity. Study 1 comprised written vignettes with a large number of participants, which resulted in support for all but one of the hypotheses. As hypothesized, in comparison to empathy that focuses on the clients’ pain (TE), PE provided the equivalent depth of empathic understanding and significantly increased the number of approach goals. However, although PE demonstrated a greater number of strengths, it fell short of statistical significance ($p = .06$).

The first study's encouraging results led to the more realistic procedure of study 2, which involved volunteer clients who met with therapists for six sessions. In addition to the previous hypotheses, study 2 predicted that PE would generate more positive emotions than TE. All four hypotheses were supported. PE increased the clients’ positive emotions, statements of strength, and identification of approach goals when compared to TE. Additionally, the client ratings of the levels of feeling understood by their therapist in both PE and TE sessions were similar. Finding no difference between PE and TE in communicating understanding addresses the foundational purpose of empathy. For example, Bohart and Greenberg (1997) underscored the importance of breaking a person’s isolation through empathic understanding. A client experiences feeling understood when the therapist focuses on his or her hidden desires.

Finally, in study 2 the results indicated that PE increased the number of strengths identified, which has been associated with successful therapy (e.g., de Shazer et al., 2007). Our explanation for the less than statistically significant difference in study 1 is that pretending is not the same as actually experiencing a problem. Distress not only creates difficulties in identifying strengths but also accentuates personal deficits (e.g., Nolen-Hoeksema, 2000). When TE focuses on pain associated with problems, there is a greater decrease in strength identification compared to PE.

Limitations

The limitations of both studies center primarily on the analogue design, which requires cautious generalization to real therapy. Since this is the first study on PE, to our knowledge, we chose to employ analogue designs because the use of nonclients was the most cautious, ethical approach for the investigation of a new therapeutic technique. Each study not only moved toward more realistic therapy but also provided high internal validity. Study 1 provided insights into how people in general respond to PE, while study 2 used two cases closely resembling therapy. Future studies could examine the effects of using PE in psychotherapy within a variety of contexts. The two volunteer clients do not provide a basis from which to generalize to all clients with all problems. However, because of the consistent results occurring with the broader sample used in study 1, some reassurance exists for the results of study 2.
Conclusion

In summary, our results support PE for facilitating client identification of approach goals, strengths, and positive emotions. We advocate the purposeful application of PE as dictated by theory and artful timing. Future research should look for ways to increase external validity and address client characteristics or presenting problems that could influence receptiveness to PE.

References


