

## Chapter 1 : Empathy and the Healing Relationship

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In “I never promised you a rose garden” a noted psychologist’s shares her insights into the treatment process:

“We must someday make a test to show us where the health is as well as the illness...[The client’s access to this] hidden strength is too deep a secret. But in the end...in the end it is our only ally.” (parenthetical comments added)<sup>1</sup>. (*all reference footnotes are cited at the end of the chapter*)

Although it may be premature to design a “test” for coming to know a participants state of wellness it may be possible to enter into a special type of relationship where this wellness understanding is communicated. This is the intent of the healing relationship. The healing relationship is a place to communicate, and to experience, a deep sense of well being that can be a strong ally in overcoming illness.

This text focuses on describing the healing relationship containing *halopathy*. Halopathy is a new term defined by this author as a deep empathic connection to the whole being of another for the purpose of promoting their well-being through direct experience. The root “hal”, within the word halopathy, means whole and health. Sympathy, empathy, advanced empathy and halopathy are seen as existing along a continuum of relationship stances that each can have the intent of promoting well being. An understanding of this continuum serves as a model of therapeutic empathy and its ties to practicing the art of healing. This will be the “theoretical stance” presented to support the idea that the healing relationship is connected to broadly familiar aspects of helping others AND that it is something attainable.

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The term “halopathy”, and its reference to the art of healing, is used here with some reservation. The term was adopted only after several years of research on “advanced” empathy. Despite the stereotypes that sometimes accompany the terms “art of healing” or “healer”, the term halopathy seems to work well when communicating the new ideas contained in this text to diverse audiences. I have found that people seem more open to a discussion about healing than to a discussion about “advanced” empathy. The term “advanced” seems to make people uncomfortable whereas the term halopathy, in reference to the art of healing, did not stir such emotions. Perhaps the word “advanced” connotes a hierarchical structure, the use of power, along with the perception that some people are better than others. In response to this, and to the fact that advanced empathy, as previously described<sup>2</sup> did not include certain healing descriptors associated with a shared state of “oneness”, my research moved away from “advanced” empathy and into describing halopathy.

Halopathy serves as a theoretical bridge between standard therapy and healing practices. It is important to build this bridge in order to reintroduce the art of healing back into the science of helping others. This bridge between science and art describes halopathy as part of a theoretical model containing a continuum of helping experiences. Proposed is a developmental sequence moving from basic empathy to advanced forms of empathy, in particular, halopathy. An understanding of halopathy, within a model of therapeutic empathy as part of the helping relationship, can provide human service practitioners with a greater understanding of the healing relationship. It is also possible that such a model speaks to each of us in regard to any relationship we have with another human being.

What is proposed is a model that offers us a path toward building human relationships which foster growth, health, and well being. In addition the proposed theoretical model offers the reader a logical format into which to place the diaphanous experience of personal transformation often associated with the healing relationship.

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Such a theoretical format is, within our Western health care system, a necessary part of communication. We often come to understand something by first pondering on its possibility. Empathy is a component of many practitioner-training programs. Placing the healing relationship within a model describing the development of therapeutic empathy helps this lost healer's art to become better understood by human service practitioners. The model, having been developed based on halopathic experiences, also serves as a grounded framework used to help interpret a variety of descriptions attached to the healing relationships, from a diversity of cultures. Linking the model to what is already known by human service practitioners – empathy – as an important component of quality healthy care, helps to provide the bridge from technique to art form. It is an art form that can be appreciated by anyone in relationship with another human being.

### **Empathy, Advanced Empathy and Halopathy**

Empathy, simply described, is the ability to “walk in the other person's shoes”. Empathy is a well accepted idea in the human service professions. Many authors<sup>3</sup> have stated that empathy is considered a critical component of a successful therapeutic relationship. Empathy is also considered of importance in social development, and in quality health care delivery.<sup>4</sup> It is also likely to be a critical component in any healthy human relationship. Several authors have written on the history of empathy from different viewpoints: empathy in research, in medicine, as a review of definitions, as a social construct, its development within modern psychology its relation to psychotherapy and its relation to self psychology.<sup>5</sup> Although there is voluminous literature addressing empathy, the work presented herein focuses on advanced forms of empathy and the scant literature descriptive of associated phenomena. What is to be offered to the reader herein is the idea that the ability to “walk in another's shoes”, with the intent of offering care, is a developed ability and that some people have developed this ability to deeper, more holistic levels. The focus on

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describing this holistic empathic healing relationship is done so as to offer a picture of what healing relationships could look like.

The ability to facilitate a deep, or advanced, empathic therapeutic relationship appears to have been a characteristic of some of the most notable practitioners in the field of human service within the last century. Carl Jung is described as having “...intense sensitivity, not subject to conscious control, which allowed him to make intuitive, empathetic connections to the inner lives of other people”.<sup>6</sup> Fritz Perls, founder of Gestalt Therapy, is described as having uncanny insight into people, “...a charismatic figure with an almost magical ability to penetrate defenses ... his extraordinary skills as a therapist made the work look deceptively easy”.<sup>7</sup> Defining Dr. Perls’ way of penetrating through someone’s defenses was “...to look and to see [the true nature of the other person requiring] that the therapist be completely empty and unbiased”,<sup>8</sup> and in that moment form an empathic connection with the client. Remarks on Carl Rogers’ work stating, “how deeply he seems to understand and accept the client and how sincerely and creatively he manages to communicate this”<sup>9</sup> also illustrate the deep empathic connection facilitated by these expert practitioners. Research that reviewed recent articles by six “expert” therapists (e.g., Ellis and Lazarus) describing their life’s work<sup>10</sup> concluded that the common thread weaving together their comments about psychotherapy was the theme of in session knowing. This in session knowing referred to knowing how to be flexible and integrative when sitting with a client, of knowing how to apply what and when. Although not stated, underlying this integrative flexibility is knowing how to know the client, how to be “one” with the client in the session. Each of these skilled therapists present us with a glimpse of some healing relationship characteristics – importantly, making a profound connection with the person seeking help for the purpose of promoting well being.

Empathy is often considered an important component of the helping relationship. In general, empathy can be defined as “walking

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in another's shoes" in order to better understand the other's situation. But, empathy is not simply receptive. There is an understood aspect of caring intent attached to the definition, that is, empathy is both receptive and facilitative. Empathy is a process of knowing the other with the intent of promoting well being. One listens to the suffering of another, attempting to "walk in their shoes", with the intent of promoting well being. People in the human service field seem to vary in their abilities to provide empathy, with some being more skilled than others. At almost any human service location wise administrators know that some practitioners are skilled at connecting with those in suffering, "They just seem to have a special way of caring". But it is not clear exactly what is the nature of this connected relationship that promotes well being.

It has been argued that the definition of empathy is not universal and that multiple definitions have contributed to a paucity of empirical research on empathy over the past 15 years.<sup>11</sup> Given that different practitioners have different histories with regard to empathic experiences, and their own understanding of empathy, it seems that multiple definitions are to be expected.

"Empathy may be experienced differently depending upon both the extent of affective involvement and the type of mediators involved...The experience of empathy as other-centered probably requires levels of self-other differentiation that continues to develop with age".<sup>12</sup>

It is likely that as the practitioner's empathic skills develop, through years of practice and through the acquisition of new empathic experiences, that the practitioner's definition of empathy changes. It is then not surprising to see authors describe empathy in different ways. Any author's definition of empathy must be self-defined based on the author's developmental awareness of empathy at the time she/he wrote the definition.

One's definition of empathy is not only affected by one's history with empathic experiences but also by the extent of the practitioner's

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affective involvement (of self), by the skills used (and the extent of one's practice with those skills), by the intent implied (therapeutic frame), and by the practitioner's development/awareness of self. In addition a practitioners' definition of empathy maybe related to: a) their experience with empathy, b) that there are different types of empathic experiences, c) that empathic experiences change over the course of therapy, and, d) that empathic experiences change over the course of the practitioner's personal development in relation to their understanding of empathy. This leads to the principle of empathy awareness:

### **The Principle of Empathy Awareness**

One's awareness and understanding of empathy depends upon one's personal history of empathic experiences.

Empathic developmental awareness is likely to vary across practitioners, as should be expected, with some fresh out of school and others with decades of empathic experiences to draw from. Understanding the development of advanced empathy within a continuum of empathic experiences may contribute, not only to an understanding of how to move toward becoming a better practitioner, but also to an understanding that varied definitions of empathy are predictable, if viewed from the perspective of variations in the healer's development toward becoming a practitioner of advanced empathy and the healer's relationship. It is important to reflect upon the principle of empathy awareness when reading the next section on the development of empathy.

## **The Development of Empathy**

Although empathy may be viewed as a characteristic of skilled counselors, not all practitioners possess the same level of empathic

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capacity.<sup>13</sup> The process of developing basic empathy skills, and then more advanced empathy skills can be viewed developmentally, as illustrated in Table 1. Present in Table 1 are three developmental schemes side-by-side to serve as comparisons: the development of expertise, the development of the counselor, and the development of empathy. It is proposed here that there are strong similarities across these three schemes, and that the development of a skilled helping relationship (becoming a skilled human service practitioner who can use the healing relationship) is predicated on the development of empathy.

Various levels of empathy development are proposed within Table 1. This model of empathy development does not present “proven” developmental stages, but rather presents a developmental sequence of empathic experiences that better fits the existing

**Table 1: Developmental Sequence in the Application of Empathy**

<b>Becoming an Expert<sup>14</sup></b>	<b>Stages in Practitioner Development<sup>15</sup></b>	<b>Empathy Development<sup>16</sup></b>
<p><u>Pre - Disposition:</u> The individual has a desire and a natural ability to apply within the domain.</p>	<p><u>Pre-practitioner:</u> The human service helper, the community listener who helps others.</p>	<p><b><u>Predisposition:</u></b> Some people have a predisposition to being more empathic. <b><u>Instinct:</u></b> We have a genetic trait to feel others in distress and to then remove that discomfort.</p>

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**Table 1:** Developmental Sequence in the Application of Empathy (con't)

<b>Becoming an Expert</b>	<b>Stages in Practitioner Development</b>	<b>Empathy Development</b>
<p><u>Novice:</u> Facts, rules, and concrete applications of basic tools.</p>	<p><u>Conventional</u> and <u>Professional Training:</u> Continues use of the patterns developed as the “helper” while struggling to accommodate to new ideas, skills and specific techniques.</p>	<p><b><u>Basic Empathy:</u></b> The use of empathic listening*, sensing global emotions, undifferentiated empathy. Basic empathy includes <b><u>sympathy</u></b> learning to know another’s feelings by remembering self.</p>
<p><u>Advanced Beginner:</u> Learning to apply the tools specific to the domain. Practice and failure while receiving feedback.</p>	<p><u>Expert Imitation,</u> and <u>Conditional Autonomy:</u> Trying many different approaches, theories, concepts and developing a counseling “style” that is continually modified through multiple sources of feedback.</p>	<p><b><u>Advanced Basic Empathy:</u></b> The development of subtle empathy* where feelings are felt and distinguished as different from self, reception and reflection are developed.</p>
<p><u>Competence:</u> Develops a hierarchical view of the tools and when to apply what problem solving approach. Consciously can know what are the most important elements to focus upon.</p>	<p><u>Exploration</u> and <u>Integration:</u> The information about counseling is integrated into a personal view which is eclectic and synergistic. The practitioner begins to use this view to explore beyond the known. The therapeutic relationship is used as an intervention tool.</p>	<p><b><u>Skilled Empathy:</u></b> The practitioner feels the other, experiences skilled empathy*. The processes of reception, reflection, and mutuality improve. The difference between sympathy and empathy becomes clear at this stage of development.</p>

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**Table 1:** Developmental Sequence in the Application of Empathy (con't)

<b>Becoming an Expert</b>	<b>Stages in Practitioner Development</b>	<b>Empathy Development</b>
<p><u>Proficiency:</u> Due to the experience of the person in the domain pattern recognition happens very quickly. Problem solving in the domain becomes easier because the person “intuitively” knows what needs to be done.</p>	<p><u>Individuation:</u> Experienced based sources of wisdom become a strong influence in the counseling process, and the practitioner’s development as experience and concepts merge. Personal data are integrated into the counseling process in a professional manner. Self- directed learning and authenticity become a way of being. The therapist is the instrument.</p>	<p><u>Proficient Empathy:</u> The practitioner feels the other at a deeper emotional level. Multiple levels of feelings and issues are experienced. Reception, reflection and mutuality are further improved and occasionally experiences of advanced empathy* become part of the process.</p>
<p><u>Expertise:</u> Occasionally the person experiences “flow”, a <b>oneness with the task</b> and the success accompanying this oneness.</p>	<p><u>Integrity:</u> Being oneself - a sense of comfort, a <b>oneness with the style of the therapeutic relationship</b> that is used to help the client while still continuing to learn and improve that style.</p>	<p><u>Empathy Expertise:</u> The practitioner experiences proficient empathy while also occasionally experiencing halopathy* - a <b>oneness with the participant.</b></p>

\* The five types of empathic experiences defined within this text.

literature. In the developmental sequence it is proposed that the practitioner starts with instinctual empathy, moves to cognitive reflection and the use of basic empathy skills and then latter learns to

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develop more advanced skills. As a practitioner moves from being a beginner in a particular domain, to being an expert, they change in the way they process the problems of that domain.<sup>17</sup> The expert processes information in larger blocks more closely approximating the whole.<sup>18</sup> The differences between the novice and the expert being that experts perceive “large meaningful patterns [at] a deeper level”<sup>19</sup> and that some of processes which underlie expertise development can be generalized across all domains. This shift in how one processes information as one gains more experience can be applied to those human service practitioners who practice empathic therapeutic relationships<sup>20</sup>.

In practicing therapeutic empathy, the novice practitioner who moves toward expertise, shifts from having to think about all the little steps, to being able to apply specific skills, matched to the participant’s needs, while simultaneously conceptualizing the whole picture surrounding the participant. This developmental scheme includes predisposition, instinctual empathy, basic empathy, subtle empathy, skilled empathy, advanced empathy and halopathy.

***The reader is cautioned in using the empathy developmental scheme. It is meant to serve as a descriptive model that incorporates a broad range of empathic experiences. It is should not be used as a hierarchical sequence of rigid sequential steps.***

### **Predisposition**

As we look at the path of development leading to becoming gifted in a particular domain (for example music) we often see that the individual had a predisposition toward that domain starting at a young age. When considering the development of prodigies, the child commonly demonstrates an unusual talent at an early age with

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heredity considered as a major contributor.<sup>21</sup> If there are individuals who may become gifted with empathy then they may also have demonstrated a childhood proclivity.

There is a “high degree of heritability for affective reactivity...[and] significant heritability with regard to affective empathic responding”.<sup>22</sup> The observation that certain people have a more natural tendency toward development of empathy is also supported by twin studies.<sup>23</sup> Certain individuals may be born with a predisposition toward developing advanced empathy and thus, like any prodigy, are more likely to demonstrate prowess within the domain of therapeutic empathy. Advanced empathy may be the interactive state attained by empathy prodigies who, through practice and many years of training, have learned how to facilitate the healing relationship. Predisposition to following a calling that promotes development of this interactive state may be linked to more than just biological heredity. There may be environmental, systemic, and soul factors influencing empathy predisposition. “Good psychotherapists sometimes say that they have always had the skills they now learned to use, but that using them skillfully has changed them utterly.”<sup>24</sup> The skilled practitioner may have had a predisposition that then was nurtured and developed.

The concept of empathy predisposition does not preclude practitioners from discovering more about their own use of empathy and how to practice the healer’s relationship with more skill. What it does mean is that the idea of being “called” to facilitate the healing relationship has been a part of tribal well being for centuries (see section in Chapter Six addressing training). In addition, the concept of empathy predisposition does not guarantee one’s calling as a healer, but if recognized by the community then predisposition can serve as a guide for selecting those who would best serve in that role. This is not a selection criterion currently used by the Western medical culture. It is likely that a young empathic prodigy would, instead of being supported by society, be misunderstood. Imagine a highly sensitive individual in junior high school. How would that sensitivity

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be supported? It is not like recognizing the innate gift of music or athletics for which society has already in place avenues of support and recognition. In promoting the development of the healing relationship the “being called” factor is important, but not limiting.

### **Instinctual Empathy**

Nearly every human service practitioner knows about empathy from a basic, an innate, instinctual foundation. At these instinctual, beginning, levels of empathy the practitioner has the potential to feel an emotional contagion, or emotional reaction, to the distress of others.<sup>25</sup> This emotional contagion can occur largely unconsciously. When most of the people in the office are angry, or anxious, we may also feel the same way. When the mob around us starts yelling for civil rights we feel moved to yell. It is possible to develop this innate ability, to increase one’s emotional intelligence, to use it as a skill, and not simply an unconscious response.<sup>26</sup> If one can learn to become keenly aware of this instinctual foundation then one can learn to develop his/her empathic skills. This empathy training is critical to the development of healthy relationships because without it the instinct sometimes trigger actions without the person being fully aware. These instinctual feeling are to be distinguished from “gut reactions”, where a gut reaction is something we may ponder upon (“My gut tells me that this is not a good time to speak to him.”).

Empathy training should follow a developmental path, shifting from helping a person become more aware of instinctual empathy, to learning basic empathy. Professor Martin Hoffman at New York University spent decades examining empathy development and the shift from instinctual empathy to basic empathy.<sup>27</sup> Professor Hoffman describes three “primitive modes” of empathic arousal that are “automatic, quick acting and involuntary”.<sup>28</sup> Beyond these primitive, instinctual, modes of arousal are modes that involve language, a process of making cognitive associations and identifying the self in the role of the other.<sup>29</sup> This cognitive reflecting centered on

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interpreting one's empathic arousal is the major defining element in basic empathy.

### **Basic Empathy**

Basic empathy is what most beginning human service practitioners, particularly in counseling, social work, and some nursing schools, are taught. As beginners they are taught to practice the basic listening skills while demonstrating understanding of the patient's worldview. This may include sympathy for the patient. It may also include cognitive empathy, including cultural role taking, and intellectual empathy.<sup>30</sup> Because we are discussing the development of empathy, basic empathy is affected by a person's awareness of their natural predisposition and by their insight into their own instinctual empathy. Basic empathy is the practiced application of basic listening skills similar to those described by Professor Ivey in his book on intentional interviewing and counseling<sup>31</sup> and in several other books<sup>32</sup>. These basic attending skills (e.g., paraphrasing, reflection of feeling, and reflection of meaning) should be included in the training offered by any institution training human service practitioners. In addition there are cognitive reflecting skills (e.g., role taking) that can help the practitioner interpret instinctual empathic arousal.

“The good listener (or mirroring self object) appreciates us as we are, accepting the feelings and ideas that we express as they are. In the process, we feel understood, acknowledged, and accepted... Empathy – the human echo – is the indispensable stuff of emotional well being. What is adequately mirrored becomes, in time, part of the true and lived self. The child who is heard and appreciated has a better chance to grow up whole. The adult who is heard and appreciated is more likely to continue to feel that way.”<sup>33</sup> “Listening is the art by which we use empathy to

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reach across the space between us. Passive attention doesn't work.”<sup>34</sup>

But receiving training in these basic listening skills does not guarantee that the learner will be able to demonstrate the next level in empathy development. Some people become very skilled at using listening techniques without making connections to the hidden feelings beneath the participant's words. For those participants who have years of experience in the health care culture they know this technical bedside manner. They call it “parroting” or report that “he asks good questions”, but they seldom make comments about being deeply understood. This sense of being more deeply understood than what is provided with listening skills and cognitive reflection alone begins with the practice of subtle empathy.

### **Subtle Empathy**

Subtle empathy is a term developed here to represent those gut feelings human service workers have when they are interacting with people for the purpose of promoting well being. Instinctual empathy is automatic. Basic empathy is cognitive reflection of instinctual empathy. Subtle empathy is the initial stage of intentional empathy, or advanced basic empathy.

Subtle empathy is when practitioners begin to feel, “hear”, the participant's feelings but they can't quite get make sense of what they feel. The practitioner has moved beyond the imagination of role taking and into the realm of shared perception. They sense something about the state of the other person but it is unclear exactly what they sense. It is discovered as part of the intent to help and to hear with the intent of promoting well being. It is a stirring, sometimes unsettling, sometimes nagging, or uplifting, but almost never clearly known.

Subtle empathy is the experience of talking with someone, hearing their words, and receiving some intuition that there is

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something not being said which is related to an emotion. Initially, these feelings may be just “gut feelings” and not clearly defined. The practitioner may simply have an unsettled feeling that something is not right or that another direction needs to be followed. In some instances these gut feelings may not be easily separated from self because we seek to use our own feeling to interpret the vagueness of the subtle empathy experience. There is much doubt regarding their authenticity and how to reflect them. The search to clarify the dissonance associated with these early empathic feelings can lead to some misunderstandings, by both practitioner and patient. Communication of the received feelings in an accurate manner, separating from self and from the confusion, is often difficult. Many human service practitioners will experience subtle empathy prior to skilled empathy. Training practitioners to move successfully through this developmental level and on to experiencing skilled empathy requires apprenticeship training and an inner exploration of self. It is not only a process of learning skills but also of becoming a healer.

Moving from subtle empathy to skilled empathy is not an easy transition. Most of the developmental progress is linked to doing the following: 1) having the opportunity to practice empathy, 2) making the subtle more clear and obvious, 3) enhancing the awareness of self generated emotions, 4) learning to prevent the projection of self emotion into the moment, and 5) learning to adjust to the side effects of this developmental process. These are point that reoccur with movement through the next two stages of empathy development. When these points are included in the learner’s training, and the learner is willing and able, the empathy development is likely to move from subtle empathy to skilled empathy.

### **Skilled Empathy**

Skilled empathy is the standard experience most therapists refer to when they mean that they “walk in the other person’s shoes” with the intent of promoting wellness. What they mean is that they are

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empathically attuned to the others feelings within the moment of shared communication. Contemporary theorists have “tended to define empathy solely in terms of affective responses [and they] restricted the term empathy to emotional reactions which are at least broadly congruent with those of the target”.<sup>35</sup> As mentioned with basic empathy, skilled empathy also has a cognitive component, as the practitioner uses all his/her empathic history to interpret the empathy experience. Skilled empathy, with this component of accurate emotive reception from (and reflection to) the participant, is the empathy most frequently described as critical to therapeutic success.<sup>36</sup> Skilled empathy can be described as “the practitioner’s understanding of the client feelings as well as of what is being expressed. It is primarily viewed as an affective event”.<sup>37</sup> Skilled empathy has been referred to as emotional joining, and as walking in the client’s shoes.<sup>38</sup> Skilled empathy also possesses the intent of promoting well being.

Dr. Michael Bennett of the Harvard Medical School offers a description of what could be considered skilled empathy:

“Empathy involves primarily what is conscious in the other [participant] though unexpressed, that is, the empathic therapist may give voice at times to ideas or feelings that the patient has failed to see as relevant or even present. In such situations, some type of communication by the patient [participant] is important in order to ascertain the accuracy or, even more important than accuracy, the utility of the therapist’s impression. Additionally, we will consider empathy as consistent with but distinct from compassion, sympathetic action, or benign intent. Finally, we will consider empathy to be a faculty that is ubiquitous [and] available to facilitate healing.”<sup>39</sup>

In this definition empathy is described as having both receptive and reflective qualities. In addition there must be a mutual agreement that the reflection is representative of empathy. Skilled empathy means:

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“Suspending memory, desire, and judgment – and, for a few moments at least, existing for the other person.”<sup>40</sup> “[It] is often silent but never passive.”<sup>41</sup> “[It] is an act of self transcendence.”<sup>42</sup>

Skilled empathy is the sharing of feelings in the process of promoting well being. The practitioner can hear the words and also hear under the words to get a sense that the person is experiencing sadness, and say, “It seems to me that you are feeling sad” or “After what you have told me I think I would feel sad”. These statements about the other’s feelings are said with a “one down” tone (“I could be wrong”) that allows the other person to negate the practitioner’s supposition. The therapist needs to be attuned to any hesitation by the other person in response to the therapist’s feeling based comments in order to readjust the feelings based comments to more accurately reflect the participant. An important component of skilled empathy is its reciprocal nature. The person responds to the therapist with, “You’re exactly right” or “I was really sad for days”. This is often followed by a detailed discussion of the emotions that can lead to catharsis. Catharsis is discussed in more detail later in this document.

The majority of human service practitioners who consider themselves to be “caring and sensitive” are likely to have had experiences of instinctual empathy, basic empathy, and skilled empathy. It is also likely that some have experienced something beyond just the sharing of another’s feelings, beyond skilled empathy.

### **Advanced Empathy**

Professor Egan describes an advanced form of empathy, as a “deeper kind of empathy”.<sup>43</sup> It is a stage of development that one can develop after mastering skilled empathy. “Advanced empathy focuses not just on problems, but also on unused or partially used resources. Effective helpers listen for the resources that are buried deeply in clients and often have been forgotten by them”.<sup>44</sup> According to Egan,

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advanced empathy includes making the implied explicit, identifying themes, and illustrating the pattern of connections in the participant's life. "Advanced empathy works because clients recognize themselves in what you say".<sup>45</sup> Advanced (or deep) empathy includes when "the counselor is able to respond to elements of the client's experience that the client may not be aware of or only dimly aware of... articulate client ideas and feelings that the client does not clearly perceive, put together the meaning of the client's experience more clearly than the client can at that moment".<sup>46</sup>

This author incorporates Professor Egan's descriptions of advanced empathy and then expands upon them to include ways in which participants can more clearly recognize themselves in the empathic mirror (combination of reception and reflection with the intent of promoting well being) provided by the practitioner. Advanced empathy includes the practitioner's sharing of sensorium that accompany the participants feelings. This sensorium may include images as metaphors, physical sensations, and past event images. This sensorium becomes part of the process of assisting participants in their search for well being through connecting various parts of the participant's experiences to a richer understanding of their search:

"In searching for connections, therapists examine the part within the whole and the whole in the context of its parts... Occasionally, therapists may experience a brief period of multiple visions. At such moments, both present-day episodes and issues from the past are included in the scope of their vision."<sup>47</sup>

This mixture of visions, past and present, parts and whole, is often accompanied by strong affective contents which are significant to understanding deeper issues within the participant's life. Sometimes added to this mixture are images which appear as metaphors. Examples of these metaphorical images include "the bad girl-good girl conflict", "the boy with the dunce cap", "sitting alone in the corner of a dark room", "hiding under the covers", or "waiting for the

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shining prince”. The participant can “play these old tapes”, re-live these images on an almost daily basis. This description of the parts-whole perspective of therapeutic empathy is similar to concepts of discovering patterns and themes, along with appropriately reflecting them to the participant.

Along with this parts-whole, pattern-theme, feeling experience, advanced empathy can include brief periods of sensory input (or sensory insights which could be visual, tactile, olfactory, etc.) about the participant:

“Empathy operates on data such as smell, sight, and sound: the smell of fear, the sight of tears, of blushing, and of yawning; and the sound of cadences, tone, sighs and howls. It operates at what we might think of as primitive levels, cellular, glandular, olfactory, chemical, electromagnetic, autonomic, postural, gestural, and musical-rhythmical, more than lexical.”<sup>48</sup>

Advanced empathy incorporates, as one part of the parts-whole perspective, a conscious awareness of these subtle primitive signs that serve as a way of communicating a perspective of the participant’s emotional states that is richer than that associated with skilled empathy. Development of advanced empathy is consistent with development in other domains, as illustrated in Table 1. It is the developmental process associated with one’s practice in a given domain where the parts (feeling alone) are no longer viewed separate from other parts (sensorium) and this larger view of the parts yields a partial view of the whole.

Advanced empathy is a concept hard for some to grasp, particularly if you have limited experience in developing domain expertise to such a level. One could look upon the concept of advanced empathy as “empathy plus other things”, but this would be a sequential tool acquisition perspective suited more to earlier developmental experiences. It is perhaps more accurate to view

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advanced empathy as the growth of a larger pattern perspective as opposed to thinking of it as the addition of more tools. In most instances the same participant centered tools are being used but with new results. The participant is not experienced only as a person in distress with heightened emotional needs, but also as a person whose life's patterns weave into the current session and potentially affect the person's future. These patterns of thought and action are linked to the emotional sensations experienced in session, either directly or indirectly through associated emotional effects. Seldom do participants see the intricacies of this complex web and its connections to the healing moment, and thus do not see their own path to well being.

Another way of thinking about advanced empathy is that it is an expansion of the "walking in another's shoes" idea. With emotional empathy we share the other person's feeling shoes. With advanced empathy we now share some physical experiences and some thought experiences. It is a more complete "walking in the other's shoes" than just sharing feelings. It is a step closer to experiencing a holistic connection, being one with the other person, within the healing moment.

Practitioners in the mental health field reportedly experience a shift in their conceptualization of practice after more than a decade. "In some important sense, you are not a competent psychotherapist until you are a connoisseur-level expert."<sup>49</sup> This is a recognized part of development within the profession. After years of practice and training the practitioner shifts beyond technique, beyond processing bits and pieces, and discovers patterns, and deep hidden meanings connected to those patterns. These are pattern that are experienced with the participant, and "the skilled and senior therapists have a difficult time verbalizing what it is they do."<sup>50</sup> There is a shift from doing with the participant to being with the participant.

Hundreds of practitioner training programs, across multiple domains, advertise as criteria for training completion the successful

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demonstration of advanced empathy.<sup>51</sup> Yet there is little published describing advanced empathy and distinguishing it from other empathic experiences. The description provided here, in the context of the developmental sequence, is offered as a first step toward more uniform use of empathic experience descriptors.

### Halopathy

In the development of domain expertise, people who become very skilled can experience moments of “flow”, or a sense of oneness. Some of the characteristics of this “oneness” experience, in domains other than empathy, have been defined as flow and as the optimal experience:

“Anyone who has experienced flow knows that the deep enjoyment it provides requires an equal degree of disciplined concentration...one acts with a deep but effortless involvement that removes from awareness the worries and frustrations of everyday life....They stop becoming aware of themselves as separate from the actions they are performing”.<sup>52</sup>

The flow experience happens to those who have developed a level of expertise in something they enjoy and in which have become very adept. There is the sense from the person “in the flow” that they are such an intertwined part of what is happening, that it would be impossible to experience anything but the whole. This flow experience is NOT associated with any other level in the developmental sequence.

The observation that such “flow” experiences are reported by those who are skilled in their domain fits the developmental model of domain intelligence. It is not too difficult to stretch the imagination and see how a gifted athlete, after many years of practice, may have moments of flow – moments where there is no thinking about parts and patterns, a moment where there is a sense of oneness. The next step in the developmental sequence, the step beyond the parts-whole perspective, is to experience the whole. It is proposed here that such a

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developmental model can be applied to empathy and that there is a flow empathy experience that is experienced by skilled practitioners. This flow empathy experience, where a sense of oneness is experienced, is here termed **halopathy**. What follows is a brief description of how halopathy might be described. It is a description that is expanded upon in later chapters.

It is likely that halopathy includes physical, sensory, and emotional experiences that appear to come from the participant's awareness but are also experienced by the practitioner-- a shared oneness with the participant's state of being in a healing moment. The affective and sensory involvement would be as if the practitioner were experiencing what the participant is experiencing in that moment with the practitioner serving as the communicator of what has been almost impossible for the participant to disclose. This moment can be a reflection of a past event, a current state of distress or a combination of both. In this moment of "oneness" the practitioner is re-living the experience, as if part of the experience, and reflecting back to the participant it's rich details. It is always an experience full of emotion. It is a powerful, shared, experience and one involving catharsis and a significant shift toward well being.

As empathy practitioners move from being a novice to being more skilled they progresses from instinctual empathy to cognitive reflection and using empathy facilitating techniques. Then, after years of experience, to becoming skilled at practicing empathy and then becoming skilled at experiencing patterns (parts-whole) in relation to the empathic experience. It is clear from published literature that some practitioners have experienced something beyond advanced empathy, which in some instances is described as a deep empathic connection and a fluid flow of process requiring little or no cognitive reflection. Noted therapist Rolo May did not use the descriptor "halopathy", but he did describe "a much deeper state [of empathy as the] identification of personalities in which one person so feels into the other as temporarily to loose his or her own identity. It is in this profound and somewhat mysterious process of empathy that

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understanding, influence, and other significant relations between persons take place”.<sup>53</sup> This is a profound experience and a mysterious experience. It is a moment of oneness where one is temporarily merged into the identity of the other. It is also the place of understanding, change, and healing. These characteristics separate halopathy from advanced empathy.

It is proposed here that this special relationship offers to participants the opportunity to directly experience well being. Given that empathy incorporates reception, reflection, and proper intent (the intent to promote well being) and given that some people appear to demonstrate more empathic abilities than others, than it is reasonable to say that some people are more skilled at promoting well being. In addition, given that various empathy experiences can be considered along a developmental sequence then the experience representing the most developed empathy would also represent the most dramatic shift into well being. It is this more dramatic shift into well being that is considered here as a specific characteristic of halopathy, not part of other empathy experiences, and important to the idea that well being can be facilitated and experienced directly.

Flow, expertise, “oneness”, and the shift to well being are all linked together. When applied to a developmental model of therapeutic empathy the available descriptions of advanced empathy fail to include this level of experience. The developmental scheme for therapeutic empathy (Table 1) represents a progressive change in the skills used during the therapeutic empathic experience. This progressive change represents a shift toward deeper empathic involvement and a deeper shift toward “wholeness” or “oneness”, as would be expected when applying the current information on the development of expertise.<sup>54</sup> This shift from novice to expert, as applied to empathy, represents a shift from undifferentiated “gut” feelings (knowing a feeling is there but not knowing what it is), to an understanding of these feelings, to actually feeling the feelings of the other, to understanding themes along with feeling the feelings, and then to fully experiencing the other in a state of “oneness” (a full

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holistic experience). This state of “oneness” is a deeper, advanced form of empathy that is accompanied by a dramatic shift toward well being. It this state of shared “oneness”, accompanied by a sense of “flow” along with a significant shift toward well being, that serves as the foundation for defining **halopathy**. It is one of the characteristics distinguishing halopathy from advanced empathy. With halopathy there is no seeking to discover patterns, no analysis in the moment, no parts versus whole, but rather a shared moment of deeply understanding the participant’s entire experience in that given moment. There is a sense of being one with that moment without the need to plan, act, or think. This oneness with the moment includes thoughts, feelings, sensations, and spiritual issues all present inside the session within a moment of perceived wholeness.

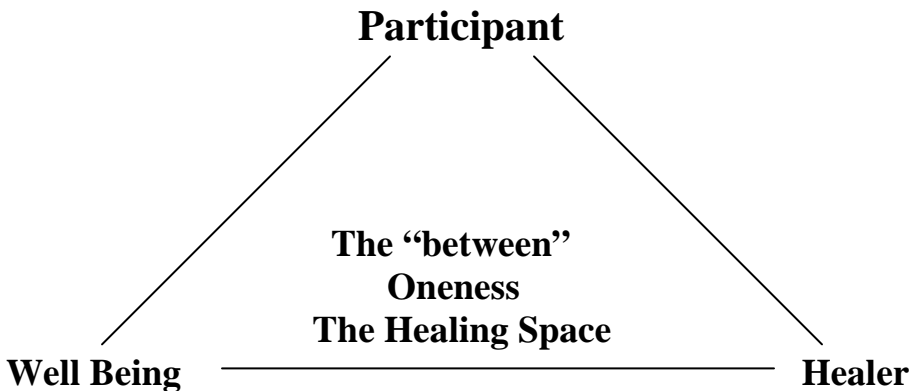
One of the central problems affecting the practitioner in creating the halopathic relationship is understanding the apparent dichotomy of halopathic oneness and therapeutic separateness. There is always some separateness in that the practitioner does not *become* the other person, but rather shares with the other experiences and feelings to the point where it seems as if the practitioner is merged. It may appear that these two views of oneness in the moment and separateness are opposite and can not co-exist together. This apparent polarity is only a function of the observer's perspective -- not of the event being observed. The event, in this case the healing relationship, can be viewed from a position that is a symbiosis of these polar opposites, a position where separateness and oneness coexist simultaneously.

The concept of polar unity is exemplified in a magnet. Both the north and the south pole exist: polarity; yet, so does the whole magnet: unity. Both the poles and the whole magnet exist together simultaneously. The concept can also be applied to the therapeutic relationship process. The practitioner can experience “oneness” with the patient but also experience a separate subjective “watcher”, in what seems to be a contradiction. The simultaneous separateness and unity experienced when facilitating the empathic healing relationship is also a characteristic of halopathy. It is the creation of a healing

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space between and it is an important distinction that contributes to the mutuality of the experience and its healing effects. This is illustrated in the following figure.

**Figure 1: A representation of the “between”**



Several practitioners have written about this “between space” where healer and participant meet to discover wellness:

“All therapy relies to a greater or lesser extent on the meeting between therapist and client...But few theories have singled out the meeting -- the sphere of the ‘between’ as the central, as opposed to the ancillary, source of healing”.<sup>55</sup>

“Therapists have long suspected that there is something in the mutuality of therapist and patient that may be the essential healing element...Sometimes the most therapeutic moments come when we as therapists are most fully engaged -- not losing boundaries, not acting out of our own

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fantasies and needs with our patients, but participating fully in the space between”.<sup>56</sup>

It has often been assumed that some “professional distance” must be established in order for therapy to be successful. Care needs to be used when interpreting the meaning of that distance. Creating that distance often has more to do with issues of transference and counter-transference than it does with the nature of empathy as experienced within the “between” space. To work in the “healing between”, the clinician must be willing to encounter the raw existence of the participant, to experience the real stuff of the participant’s life, without benefit of the theoretical screen that usually keeps us at a distance...to experience a participant’s pain in such a direct, unmediated way can be threatening to the therapist, but I believe it is necessary to heal the client”.<sup>57</sup> “If the idea of a locus of action may be employed to characterize empathy, then it can be found at the boundary between therapist and patient and each party must be willing to approach that boundary and venture to the other side in search of the other”.<sup>58</sup>

Therapeutic success has been thought of as connected to the relationship where the therapist experiences his/herself as both separate and merged with the patient.<sup>59</sup> The philosopher Martin Buber has been quoted as saying: “when therapist and client meet, that encounter is not as therapist/subject and client/object, but as existential equals meeting within the conversation space between them”.<sup>60</sup> It is within this “between” space that both separateness and unity exist simultaneously and where the true art of the healer’s relationship is discovered. It is proposed that halopathy is characterized by this art of viewing the therapeutic relationship from within this “between” place. “The essence of healing is to maintain a double vision, which sees on one level that we are separate, while on another level, we are part of everything.”<sup>61</sup>

There is an apparent paradox of halopathy associated with the shared experience of empathic oneness from which there is no rational escape.<sup>62</sup> The healer practitioner must stay in touch with the deep

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intent of well being and not get lost in the suffering of the participant in order to offer well being to the “between” place. But the healer must also, if only for a moment, get lost in the participants suffering, share that suffering in a way that the participant not only knows but experiences. At the same time the healer must be connected, observant, of his/her reactions and yet also distant from them while connected to the essence of well being and the essence of the client. The healer participant is both separate and connected; presenting what appears as a paradox.

Healing that occurs within this “between” place of halopathy is a mutual experience - meaning that both client and healer move into the between place to share well being. It is within these mutual advanced empathy experiences that empathy can be developed - for both the participant and the practitioner.

The empathy developmental sequence described represents a continuum from instinct to sympathy, to empathy and advanced empathy, and then to halopathy. This continuum is not meant in any way to pass judgment over any component of empathy development. All forms of listening and helping others contribute to the healing relationship. Neither is this developmental scheme meant to be interpreted as saying that halopathy is the preferred form of empathy to use to promote well being. Different levels of empathy need to be applied at different times to meet the wide diversity of participant needs. What is being stated here is that an advanced form of empathy, termed halopathy, may be associated with directly facilitating well being so that it can be experienced by others who seek that knowledge as a part of discovering their path to wellness.

### **The Five Dimensions of Empathy**

What is proposed here is a developmental model describing various empathic experiences, yielding a broader overall definition of empathy. The wide diversity of definitions in the literature<sup>63</sup> can be

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more easily reconciled through application of this model. “The study of empathy is best served by adopting an explicitly multidimensional approach”.<sup>64</sup> It is proposed here that the five dimensions of empathy are as follows: 1) developmental level of a persons empathy, 2) reception (largely emotive), 3) reflection (largely cognitive), 4) mutuality (the empathy response is a shared experience) and 5) the intent to promote well being.

The state of shared “oneness” is similar to the concepts of reverberation, empathic mirroring or empathic resonance.<sup>65</sup> In addition the participant experiences this “oneness” as a deeper connection and comes to “know” its relation to well being in a new way. The working components of this deep connection can be found as components of all forms of empathy. The main working components of empathy are present at all developmental levels, from basic empathy to halopathy. These working components are a) reception and resonance, b) communication, and c) participant understanding.<sup>66</sup> This author rephrases these cited working components within the definition of empathy and defines them as reception, reflection and mutuality.

Reception refers to the practitioner’s ability to accurately receive information about the participant’s state of being. Reflection is the ability to effectively communicate what has been received back to the participant in a manner appropriate to the participant’s needs. Mutuality refers not only to participant understanding, but to a shared understanding. This shared understanding can affect both members of the dyad.<sup>67</sup>

“All beings want happiness and do not want suffering, just like you. Our desires and our pains are no more or less serious than anyone else’s. When we engage in this empathic exchange [to help others], the enormity of our “own” suffering becomes less intense”.<sup>68</sup>

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Mutuality can contribute to mutual empowerment, a process where both members of the dyad experience a) feelings of increased positive energy, b) a desire to engage in the therapeutic process, c) an increase in knowledge, d) an improvement in self-worth, and e) a desire for more mutuality based experiences. “We create a joining together in a shared experience that builds something new for both”.<sup>69</sup> Within this empathic mutuality the two personalities are in some sense merged, thus “influence must inevitably flow from the practitioner to the counselee and vice versa”.<sup>70</sup>

The concept of mutuality as part of the empathy experience can be considered as part of intersubjective relatedness within the therapeutic relationship. Inter-subjective refers to “interacting worlds of experience” and “reciprocal mutual influence”.<sup>71</sup>

“[Therapy happens within] the mutual interplay between the subjective worlds of the patient and the analyst, or of the child and caregiver, that constitutes the proper domain of psychological inquiry. From this perspective...the concept of an individual mind or psyche is itself a psychological product crystallizing from within a nexus of intersubjective relatedness”.<sup>72</sup>

In addition the character of mutuality indicates that the shared experience can be part of what is described by both participant and practitioner. This can happen as part of the reflection process if, and only if, the practitioner is willing to hear the participant’s description. The practitioner should perform a “check-in” to validate the shared nature of the experience. This check-in is done in the “one down” position, with humility, in order to facilitate a rich verbal description from the participant. There can also be non-verbal signs of agreement and disagreement around reflection and mutuality. The practitioner must never assume accuracy.

Reception, reflection and mutuality can occur at beginning levels of empathy development, simply as a product of using good

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attending skills. The application of reception, reflection, and the experience of mutuality occur within the proper intent of promoting well being. Reception, reflection, mutuality and proper intent all work together matched with the practitioner's developmental awareness. As the practitioner becomes more skilled in using empathy, the ability of the practitioner to facilitate reception, reflection and mutuality within the empathic relationship improves and with this developmental improvement their understanding of empathy is likely to change. Understanding the multidimensional model presented here can help to clarify the wide diversity of empathy definitions and thus add to our understanding of the healing relationship.

### **The Five Dimensions of Empathy**

1. Developmental Level
2. Reception
3. Reflection
4. Mutuality
5. Intent to Promote Well Being

It has been proposed here that these five dimensions of empathy change as the person's developmental level changes, progressing from basic skills to more advanced empathic experiences. The concept of halopathy, the most advanced level, includes within its multidimensional nature clear reception, accurate reflection, a shared emotional "oneness" and a shift toward well being affecting both participants. This shared state in combination with the developmental scheme, as previously described, completes the multidimensional portrait of halopathy.

Empathy should not be viewed as just a process by which one person tries to know another. Such an intent alone has risks of abuse that will be discussed further in Chapter Five. If empathy is viewed

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simply as a technique for gaining information it is nothing more than a sophisticated interview. The receptive component of empathy needs to be balance with its other components which posses intent beyond the interview.

“Understanding what a disease means to a patient can certainly result in an emotional response, but empathy is more important than emotion or feeling. It is an understanding based on a reasonably complete knowledge of who the patient is, and provides a general guidance for care and treatment. Empathic understanding is a basic characteristic of the true clinician and a fundamental requirement for the full development of practical clinical knowledge.”<sup>73</sup>

The practice of empathy is not just about feeling the suffering of another, it is also about sharing the path from that suffering.

The multidimensional model of therapeutic empathy presented here is a combination of the developmental scheme with the four components, reception, reflection, mutuality and intent to promote well being. At each level of the development of empathy, from instinct to halopathy, the healing process involves these four components. Each of these components, for each of the levels, can be analyzed by examining the affective, behavioral, cognitive, spiritual, and situational factors affecting therapeutic empathy. At this reductionist level of analysis the model encompasses hundreds of different ways that one could study empathy. For example: one could study the relationship between the counselor’s behaviors and the counselor’s ability to reflect emotions at the level of a beginning counselor (basic empathy). The literature contains many of these types of studies.<sup>74</sup> Measurement devices are often a part of these studies. An understanding of these measurement devices and there relation to the current state of empathy research is important in understanding how halopathy fits into what we already know.

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Although scales of empathy measurement exist they are not adequate for addressing the nature of the phenomena associated with the halopathic relationship. Using measurement devices within the design of a research experiment for ferreting out the nature of halopathy as applied in human services would be premature. We do not have enough information about what halopathy might look like when applied within a therapeutic situation. A perusal of the literature indicates that with exception of some of the basic empathy traits, characteristics associated with advanced forms of empathy are virtually absent from the design of empathy measurement and yet these characteristics may be a critical part of the therapeutic healing process. Details on this information about the measurement of empathy can be found in Appendix one.

What is missing is a detailed portrait of advanced forms of empathy and its relationship to offering the healing relationship as part of providing human service. Research is needed which provides for practitioners a description of halopathy before any measurement tools can be developed to assess the relationship between various types of empathic experiences and treatment outcome. Research describing the characteristics of advanced levels of empathy, in rich in detail, will help to expand our understanding of the healing relationship. This will help us all travel further along that sacred path of healing.

### Chapter Summary

A deep form of empathic listening is associated with the history of psychological healing.<sup>75</sup> What has been presented here is the following sequence of ideas:

1. Empathy is a construct (idea) representing something that many human service practitioners consider important to good practice. It is a construct taught in many human service training programs.

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2. Some practitioners have demonstrated more developed levels of empathy. This can be noticed at human service agencies, in training programs, and in published reports.
3. The development of empathy can be considered to follow the same course of domain development that has been documented for the development of expertise in other area (like music and athletics). This development progresses from novice to expert.
4. At the expert levels of development the practitioner experiences moments of flow. It is proposed that empathy practitioners with developed empathy also have these moments of flow. These moments of empathy flow are times where a sense of oneness with the participant is experienced. It is a holistic empathy experience here termed halopathy.
5. The definition of empathy includes five key components: reception, reflection, mutuality, intent of well being, and developmental level. Halopathy, representing the most advanced developmental level, also represents the most advancement in each of these five key components.
6. Halopathy represents an advanced form of empathy where the intent to promote well being is most advanced. Halopathy represents a shared state where the practitioner presents to the participant the possibility of directly experiencing well being.

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With halopathy the combination of oneness and skilled reflection of this oneness, along with the intent of facilitating well being, helps the participant to experience a strong state of well being. “In whatever form empathy is delivered this strong thread of healing is a foundation for everything else we do”.<sup>76</sup>

It is proposed here that empathic experiences fall within a continuum from instinctual empathy to halopathy. A detailed description of halopathy has not yet been published, and the brief description presented thus far may leave the reader confused, as halopathy is a difficult concept to grasp. The focus of this document is to provide the reader with a more complete description of halopathy and its importance in facilitating well being. Such a description would not only lend credence to the developmental model presented here, but also shed light on the multidimensional nature of therapeutic empathy and expand our understanding of the healing relationship. This information could be useful to anyone seeking to provide help to another person.

In seeking a more complete description of halopathy, this study maintains the following points of emphasis:

- 1) The study focuses on the moment of halopathy, not the outcomes following the event, nor any biographic or ethnographic observations preceding the event.
- 2) The author’s viewpoint is that of a practitioner.
- 3) The text is aimed at an audience of human service practitioners and people training these practitioners.

The research methods employed use informant’s (participant’s) descriptions of halopathy, combined with historical, cross-cultural information about the healing therapeutic relationship from both the practitioner’s and the participant’s perspectives. The research was directed at obtaining a halopathy description from both the

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participant's view and the practitioner's view, without undue bias as to what that description would be. The combination of detailed interview information with literature descriptive of the "healing moment", as described by indigenous healers, yielded a rich, and detailed, cross-cultural, portrait of an important phenomenon within the healing therapeutic relationship.

The researcher's position during the research was of the "insider", in an effort to acquire an in-depth, clinically significant, description of the therapeutic process associated with the moment of halopathy. This insider point of view means that the researcher was not standing outside the event listening to a recording, but was a participant in the event. The insider view increases the risk that undue researcher bias could have been introduced. Several steps have been taken to reduce the effects of such undue bias during this investigation (see Appendix Two).

The information that follows presents the participant's and the practitioner's observations of the halopathy and the healing relationship. It is presented in thematic categories. These are categories generated from transcribed and published narratives. The categories represent the voices of both participants and practitioners with an emphasis on presenting reported observations describing the halopathy moment. This focus is myopic but purposefully so. It is aimed at providing practitioners in the health care industry with a detailed description of halopathy. It is expected that this portrait of halopathy will not only help to improve our understanding of therapeutic empathy but also present a model of what the art of healing might look like within the practice of therapy. The information is presented in these thematic categories in an effort to best communicate to an audience of human service practitioners the nature of this healing moment.

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