Counseling and Therapy Skills

David G. Martin

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To my own little therapy group:
Nona, Melissa, Kristen, Mark,
Kathy, Laura, and Joel

PREFACE

The goal of this book is to communicate more than an academic understanding of the principles of therapy: to give the reader skills that can actually be applied in the counseling setting. Beginning therapists approach the frightening task of counseling or therapy uneasily and usually with only some common-sense notions of how to be helpful to a person in emotional trouble. These common-sense notions seem to fall into one of two categories: on the one hand, therapists often have some idea that empathy is a passive sort of pleasant listening skill, or, on the other hand, they try to fill the role of expert advice giver and interpreter. There is a third alternative that therapists in training welcome as valid and useful and within their ability to do, once they understand it. Evocative empathy is a skill that draws from a long tradition of theory, therapeutic practice, and research evidence. After 15 years of teaching these skills, I now think I know how to show how to be ahead of the client in a helpful way that brings to life the client's deep experiences without taking over control of therapy—that permits the client to be the problem solver but gives the therapist a truly helpful and active role.

The book is designed for the beginning counselor or therapist, either in courses dealing with skill development or in practicum settings. These courses and practica are found in clinical psychology programs and in education departments that stress educational psychology or counseling. I believe the how-to-do-it message of the book will appeal to trainees. It is also likely that other programs that involve counseling skills, such as nursing and social work, will also use the book. Since the presentation is at a beginning level, virtually any of the helping professions would find it useful.

The first section of the book describes the fundamental skills, and the second section is aimed at developing the reader's skills through a number of devices that engage him or her in actual practice exer-

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cises. The written format is painfully limited for communicating the practice of therapeutic communication, but there is some value in exercises of a workbook nature in which the trainee reads client responses and then writes possible therapist responses. Accordingly, transcripts of therapy sessions in Chapter 8 provide client statements for the trainee to respond to. In addition, these transcripts provide an opportunity to "observe" other therapists doing therapy. The reader is urged to practice the skills in role playing with one or two others, and I give advice about how to do this on the basis of my experience with role playing in my classes. In addition, and unique to this book, is a cassette tape that includes excerpts from five sessions illustrating skillful therapy, with written comments by the therapists involved.

The third section of the book rounds out the treatment of what the beginning therapist needs to know. It is more formal in that it discusses issues and offers practical advice about beginning sessions, settings for therapy, ethical issues, different formats for therapy, and other such topics. These topics are often found at the beginning of books on therapy, but I think that this practice sets the mood of a book in the direction of formality and pedantic understanding of concepts, rather than toward the excitement and flow of what one actually does as a therapist. I prefer this more structured material at the end, so that the book starts out at a full run with the material that means the most to the reader.

Although the emphasis of the book is on developing skills, a fourth section also deals with the research evidence that this approach to therapy actually works and with a theoretical understanding of the nature of neurosis that gives the therapist a foundation for understanding why it works. These explanations draw most heavily from a cognitive approach to general learning theory. Thus, this book grows out of the integration of what are clearly the two most influential streams of thought in counseling and therapy in academic settings in North America. Starting with Carl Rogers's seminal work, which has grown and developed into a general approach to "helping skills," the teaching of empathic skills has become recognized as essential in nearly all approaches to counseling and therapy. The essential truth that is often missed, however, is that truly accurate empathy goes far beyond simple reflection and is active, arousing, and evocative. It is this essential truth that this book tries to convey. The second tradition, learning theory, has usually found expression through behavior modification, but recent trends have

placed greater emphasis on cognitive factors. This book argues that a perfectly respectable learning theorist can understand that both cognition and emotion are important parts of behavior and that they are both deeply involved in counseling and therapy. It is not a contradiction in terms to be an empathic learning theorist.

As a general comment, the main differences between this book and other similar ones are the heavy emphasis here on presenting material that the reader can use—can translate into behavior—and the clear message that therapy demands active involvement, that empathy must be evocative, and that the therapist must work at the leading edge of the client's experiencing. Thus, my presentation is more personal and less academic. My students have often found that the material in other books is "testable" in the sense that they can write exam questions on the material but that the pedantic structure leaves them with only a vague understanding of what to do; and, I have found, they often are left with the common misunderstanding that empathy is relatively passive.

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CHAPTER ONE

The Third Alternative— Evocative Empathy

It has been my experience that beginning therapists feel they have only two options in responding to their clients. Some see "empathy" as some kind of warm and supportive reflection of what the client has just said, and others think they need to gather evidence and give advice, reassurance, and clever interpretations. Neither of these approaches works very well, but they seem to be the only ones that life prepares us for. There is a third alternative, a skill that will not be easy to learn and that will feel awkward at first, but one you need to master if you want to be a good counselor or therapist. The most important goal of this book is to get you started toward this mastery. There seems to be no really clear label for this skill, but I think Laura Rice's (1974) "evocative empathy" comes closest. To say it plainly, this skill is the fundamental skill for doing therapy. There will be many other things you will have to do, and there will be many times when evocative empathy is not appropriate, but for any of the other things to work, you must first make your client feel deeply understood.

I am about to give you a formal definition of *empathy* that will sound pretty sterile and cold, but I will spend a couple of hundred pages warming up our definition. Empathy is "communicated understanding of the other person's intended message." Every word counts in this definition. It is not enough to understand what the person said; you must hear what he or she *meant* to say, the intended message. It is not enough to understand, even deeply; you must communicate that understanding somehow. It is absolutely essential that the other person feel understood—that the understanding be perceived (Barrett-Lennard, 1962, 1981; Gurman, 1977). It's not clear from the formal definition, but the part of the intended message that

will be critical is the emotional part of the message; therapy is both an intellectual and an emotional process, and it is the feelings that your client (and maybe you and I) are going to have the most trouble dealing with. You will be listening for what your client is trying to say, and one way you will be doing this is to hear the feelings *implicit* in his or her message.

The business of therapy often involves some pretty painful stuff, and it is easier to talk in cognitive terms. A client might say, "It's not fair when less qualified people at work are given promotions." At one level, this is an entirely accurate statement of fact about simple justice. Obviously, however, it is a very feelingful message— implicitly. Your job as the therapist is to bring the feelings to life in a way that leaves your client with the sense that you really understood what was meant. You might say, "I guess you're feeling cheated by that." Let me go through my thinking as the therapist here. There are two steps I went through. First, I had to understand what was meant, and so I was naming to myself several possibilities, such as anger, hurt, and feeling cheated, and I tried to get a sense of which of these possible feelings the person wanted me to hear. Second, I had to find the words to let him know that I understood.

I could have been "behind" him with a simple reflection like "There's no justice in a situation like that," and although this response wouldn't do any damage, it wouldn't be much help either, because it does nothing with the client's *reactions*. It is easier to talk about things outside ourselves in objective ways, and this includes the way we talk about feelings. You might have been tempted to word your response as "That kind of situation can certainly arouse feelings of being cheated." This is more effective than "There's no justice in a situation like that" but less effective than "I guess you're feeling cheated by that." The difference may be subtle, but it is crucial. In one case we are talking about feelings as things, objectively, as they can be aroused. In the other, we are naming a particular person's particular reaction in the here and now. We are bringing an experience to life.

You might be thinking that my response to my client was pretty tame, since there are lots of other feelings that could be present, consciously or unconsciously, and besides, how do we know that he is not distorting the justice of the situation? Perhaps we should confront him with this or at least get some more information from him about whether the people promoted really were less qualified. You will have to trust me on this for now, but I guarantee you that

the fastest way to get to the client's truth, and to get there in a way that will help the client, is by helping him face the leading edge of what he is trying to say but can't quite say. The critical guideline is the phrase "the intended message." Maybe my client does feel more than cheated. Maybe he feels furious or hopeless or vengeful, but I have to be able to sense what he is trying to say right now and help him articulate that.

LEAD OR FOLLOW?

Sometimes therapy approaches can be described as "leading" or "following" styles, but this distinction is inappropriate for understanding the nature of evocative empathy. In one sense you are following your client, because it is not your job to determine the content or topic of what is talked about. You are not urging certain issues to the front; you are listening with focused intensity for where your client is trying to go. But in another sense, you are leading, since, to be most effective, you stay that one step ahead by dealing with what your client has only implied.

I hope it is becoming clear that there is a critical region where therapy takes place. If you lead too far, you will get off the track, take over the direction of therapy, threaten your client into needing his defenses against you, and probably start giving lousy advice. If you just repeat your client's words (or, worse, are behind him and deaden the process), he might as well be talking to his dog, who probably will do him more good just by being nonjudgmental. I'm being too harsh, of course, because sometimes you will have to give advice and offer opinions, and sometimes being right with your client will be just the right thing to do. My concern is, though, that these are the things you will do most of the time, when effective therapy requires that you concentrate on making the implicit explicit.

A question that often arises here is whether the therapist has to wait for the client to say something before dealing with it, and isn't that inefficient? This question grows out of a misunderstanding of evocative empathy as passive. If you waited for your client to say everything explicitly, it would be inefficient and probably quite frustrating for both of you. If, however, you have "good ears" and can hear what the client is hinting at, you will seldom be repeating the client's words. In one sense, you will be leading, but in another you will not, because the ideas you articulate will be ones your client really was thinking and will recognize as such. One goal of

your response is that your clients think "Oh, right, exactly . . . That's just what I meant." They don't always say this out loud, of course, but it is rewarding feedback to get. It lets you know that you're working well.

LEVELS OF EMPATHY

Some writers have used terms like *additive responses* (Hammond, Hepworth, & Smith, 1978) and *advanced accurate empathy* (Egan, 1982) to describe approximately what I am talking about. Usually, however, these responses are prescribed only for later in therapy, when a strong relationship has been established. Some (Carkhuff, 1969) caution that too much empathy early in therapy can create so much anxiety for the client that therapy is hampered. If you understand what I am saying, however, you will see that therapy doesn't progress in stages, with different kinds of understanding appropriate for different stages; it progresses along a continuum. Your guideline to this continuum is in the phrase "the intended message."

Of course, later in therapy the therapist can go a lot further and say much more emotionally poignant things—because the client intends for the therapist to hear so much more then. The principle is still the same as it was early in the process; you articulate what the other person meant to be communicating. Early in the relationship, the other person will be cautiously building trust in you, not intending that you see or hear everything. But you still can go beyond the actual words spoken without threatening your client. Nearly every statement has some implicit meanings in its message. Whether you know the person well or have just met, your most effective response, the response that will make the other person feel most deeply understood, will be to put into words what she *meant*.

This means that you will sound quite different later in therapy, since the client will have given you so much more to work with. An outside observer might describe you as more passive earlier in therapy and almost interpretive later in therapy, but relative to what the client was trying to say, you will be doing about the same things.

EVOCATIVE EMPATHY AND INTERPRETATION

There are some strong resemblances between evocative reflections and what psychoanalytic therapists refer to as moderate interpretations or interpretations at the preconscious level. They are not the

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