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MOOC 2 – Unit 2

EMPATHY : psychologist's keystone in early intervention

Chapter 3

Risks Associated with Empathy

Developed by Institut Alfred Adler de Paris (FR)



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INTRODUCTION

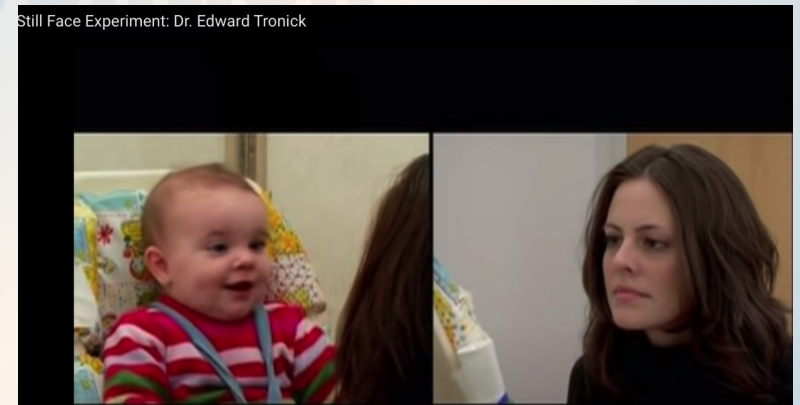
Empathy is therefore a complex, developmental and integrative psychological function of several skills that allows you to develop, live, feel, enjoy and introject the feeling of belonging that in the biopsychosocial paradigm (particularly for the Adlerian one) is a fundamental element for psychological balance, almost as an conscious and unconscious psychological instance.

For this reason, too high an empathy, or a lack of empathy are the basis of many psychological problems with different etiopathogenesis.

- The ability to understand and evaluate early a problem related to empathy greatly helps the facilitator role of the psychologist in a crisis situation, even if you do not have to immediately operate in a psychotherapeutic way.

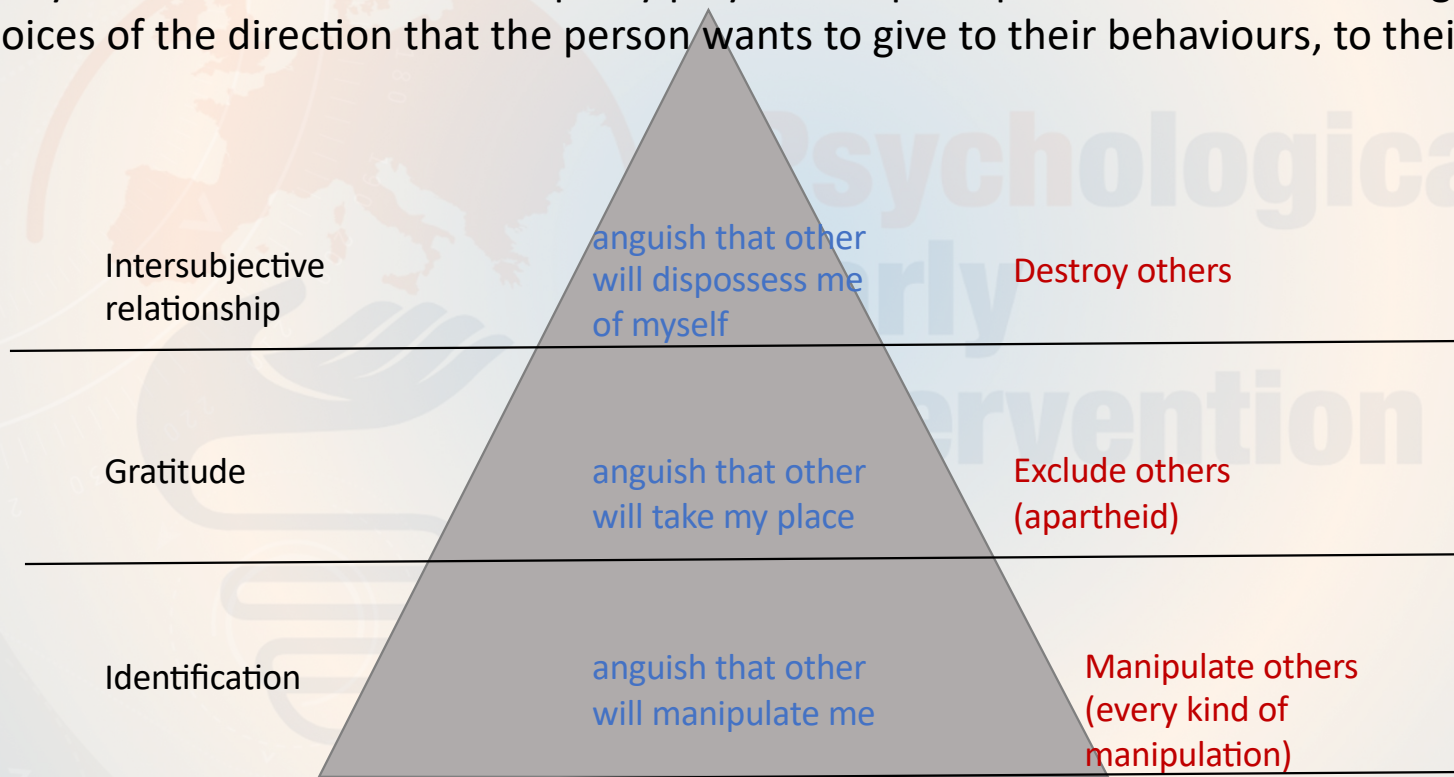
- <https://www.youtube.com/watch?v=apzXGEbZht0>

Still Face Experiment: Dr. Edward Tronick



INTRODUCTION

This pyramid* synthesizes the role that empathy plays in the perception and understanding of social dynamics and in the choices of the direction that the person wants to give to their behaviours, to their lifestyle.



*[S.Tisseron (2010) L'empathie au cœur du jeu social]



In neurosis*,

The empathy deficit corresponds to a distancing of emotions (beautiful indifference) in hysteria, emotional coldness in obsession and fear of the other (social phobia) in phobic neurosis.

In borderline states, the other is used for personal gain and for self-interest (perversion). The self-investment is such that the other takes a back seat (narcissism, black empathy or the use of empathy for unethical, perverse and manipulatory purposes).

It is in psychosis that the deficit is most serious (autistic withdrawal, coldness and emotional dullness in schizophrenia, withdrawal into oneself in mood disorders or the threat of the bond to others in paranoia)

*Jovelet, G. (2015). Chapitre 14. Clinique, éthique, esthétique et empathie. Dans : Michel Botbol éd., *L'empathie: Au carrefour des sciences et de la clinique* (pp. 269-293).

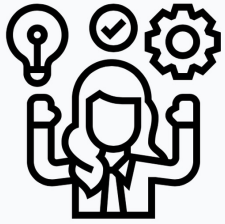
§ 3.1 Deficit of empathy

In Asperger Syndrome

The person does not understand the expression of emotions in others despite mastery of language and intact intelligence. Communication is difficult, especially the implicit, the images, the metaphors. Everything “as if” which is the basis of the relational game with others. Thus, this type of profile takes everything literally and does not understand social rules or nuances. For example, they could talk for hours about a subject that fascinates them, such as train timetables, without seeing that others are not aware of it, they are not interested in it.

In psychopathy

The person has a higher self-esteem than other people. Thus, he/she never carries negative thoughts which are exteriorized and carried over to others. The relationship is biased by an absence of consideration of the needs and feelings of others with a reification of those around him/her (manipulation, abuse, lack of guilt, etc.). The notions of moral limits are not respected, often causing risky behaviour or delinquency.



§ 3.1 Deficit of empathy

Often, however, the lack of empathy is momentary, like in traumatic situations or intense fear.

Knowing how to recognize the focus of the problem and calmly bring the non-empathic person back to reason about their posture can reactivate their momentarily dissociated connections and recover the sense of the other as internal pleasure and not only as a social and moral obligation.

The main objective of a psychological intervention in a crisis situation, after that of having allowed the person to lower the anxious, or choleric, or hyperarousal state, is to allow them to reconnect to their feeling of belonging precisely through the right form of empathy of the psychologist who naturally activates the victim empathy, in order to speed up the process of internal and then external balance.



Photo by [Norbert Hentges](#) on [Unsplash](#)



§ 3.2 The risk of empathy in crisis: vicarious syndrome

Compassion fatigue

is defined as the reduction in the caregiver's ability or interest to empathize or endure the suffering of victims. According to FIGLEY, "it is a state of tension and preoccupation with with regard to traumatized patients or individuals which manifests itself by the reliving of traumatic events (of the victim), an avoidance / numbness of affects and memories, a permanent vigilance associated with the victim and suffering of others ". It manifests as a state of exhaustion and biological, psychological and social dysfunction characterized by symptoms similar to those of Post Traumatic Stress Disorder (PTSD) associated with a series of depressive ailments or anxiety disorders.

The price of empathy is the emotional contagion that causes the worker to experience the same feelings and emotions as the victim, or even to be overwhelmed by them mainly via mimicry and countertransference mechanisms.

This can result in **compassion stress**, defined by FIGLEY as the residual emotional energy resulting from the empathic response and the energetic demand of the ongoing action to alleviate the patient's suffering.

FIGLEY,CR.(2002) Compassion fatigue : Psychotherapists'chronic lack of selfcare.J Clin Psychol.58(11):1433-41.

MAURO, C. (2019) Sauver l'autre sans périr psychiquement : de la dynamique compassionnelle des sapeurs-pompiers au traumatisme vicariant



§ 3.2 The risk of empathy in crisis: vicarious syndrome

Vicarious trauma (VT) as defined by PEARLMAN and SAAKVITNE is the lasting transformation of the personal inner experience of the provider resulting from empathic engagement with trauma patients. It is a cumulative process by which the personal and inner experience of the rescuer is negatively transformed. The phenomenon of vicarious trauma can be understood as being related both to the detailed and painful content of the traumatic material provided by the victims and to the cognitive patterns, beliefs, expectations and hypotheses that the worker has about himself/herself and others. VT is presented as a progressive modification of cognitions, basic schemas about oneself, others, and the world resulting from contact with traumatic material.

FIGLEY, CR. (2002) Compassion fatigue : Psychotherapists' chronic lack of selfcare. *J Clin Psychol.* 58(11):1433-41.

MAURO, C. (2019) Sauver l'autre sans périr psychiquement : de la dynamique compassionnelle des sapeurs-pompiers au traumatisme vicariant



§ 3.2 The risk of empathy in crisis: vicarious syndrome

Firefighters or other military trades experience events which can cause vicarious trauma. However, in the harsh and demanding environment of military training, the extinction, repression or compensation of emotions (through outlets such as humour, sport, etc.) are still anchored and perceived as a pledge of resistance, competence and aptitude. And, certain forms of affectivity still refer to notions of fragility and vulnerability.

It is possible to see rescuers, firefighters or soldiers developing repressive or avoidant defenses such as seeking psychological immunity through armour, experience, seniority, or other defense mechanisms. However, this thought is illusory and dangerous because it increases the risk of traumatic break-in through a feeling of omnipotence and a lowering of vigilance.



§ 3.3 The abuse of empathy in supervision

Definitions of supervision :

A] **Supervision** is direction, guidance and control of working force with a view to see that they are working according to plan (goals, schedule ...). In management, supervision means “Overseeing the subordinates at work with authority and with an aim to guide the employees, if they are doing wrong.”

B] **Clinical Supervision** is a formal agreement for therapists to discuss their work regularly with someone who is experienced in both therapy and supervision. The task is to work together to ensure and develop the efficacy of the therapist/client relationship. It's possible in a two people setting or in a group setting.

Defeating Abusive Supervision: Training Supervisors to Support Subordinates; M. Gloria Gonzalez-Morales, Thomas E. Becker, Mary C. Kernan Robert Eisenberger , *Journal of Occupational Health Psychology* 2016, Vol. 22, No. 1, 000, © 2016 American Psychological Association, 1076-8998/16



§ 3.3 The abuse of empathy in supervision

The purpose of this paragraph is to emphasize that we remain human even as supervisors, doctors or rescuers.

It is not the diplomas that protect against this type of momentary or structural deviations.

The psychologist in a crisis situation must not take anything for granted and must allow him/herself to consider all personnel at risk of empathy deficit, vicarious syndrome, simple stress, or other.

But to remain empathetic to oneself, he/she must learn not to psychiatricize every problematic situation.

That is the challenge in a crisis situation. Your challenge today is to show to your student that it is necessary to take enough time to understand, creating discussion and calm but firm sharing.

You can find more material in the following TIPs and Good Practices.

Table 1 Summary of Supportive Behaviour Strategies

Note 2 [Defeating Abusive Supervision: Training Supervisors to Support Subordinates; M. Gloria Gonzalez-Morales, Thomas E. Becker, Mary C. Kernan Robert Eisenberger, Journal of Occupational Health Psychology 2016, Vol. 22, No. 1, 000, © 2016 American Psychological Association, 1076-8998/16/\$12.00 <http://dx.doi.org/10.1037/ocp0000061>]

BENEVOLENCE

- Recognize employee efforts, especially when they go beyond the call of duty (perform beyond expectations).
- Whenever possible, accept mistakes and use them as learning opportunities.
- Support employees with necessary back-up and training to do their jobs.
- Make amends for poor treatment from customers.

FAIRNESS

- Procedures based on accurate information.
- Rules and policies applied uniformly.
- Procedures neutral and unbiased.
- Opportunity for employee voice.
- Opportunity for correction/appeal.
- Explain reasons for decisions using social accounts.



Table 1 Summary of Supportive Behavior Strategies

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SINCERITY

- Follow through on promises made to employees.
- Be honest and timely when communicating positive and negative information about performance.
- Treat employees with respect.
- Employ constructive feedback skills:
 - Impersonal/Focus on behaviour
 - Offer encouragement
 - Suggest corrective actions/behaviours
 - Provide clear direction

MINDFULNESS

- Gather all relevant information regarding performance.
- Decide on private or public discussion and appropriate place and time.
- Employ active listening skills:
 - Avoid interruption and defer judgment
 - Pay attention/ Organize information
 - Maintain/Show interest
 - Obtain feedback to check understanding



CHAPTER 3 TIP 1

Training Supportive Supervisor Strategies

Note 1 Defeating Abusive Supervision: Training Supervisors to Support Subordinates; M. Gloria Gonzalez-Morales, Thomas E. Becker, Mary C. Kernan Robert Eisenberger, Journal of Occupational Health Psychology 2016, Vol. 22, No. 1, 000, © 2016 American Psychological Association, 1076-8998/16/\$12.00 <http://dx.doi.org/10.1037/ocp0000061>

Benevolence refers to supervisors' discretionary behaviours that provide subordinates with helpful information and tangible and emotional support beyond the supervisor's general role requirements. SSS is enhanced when employees believe that organizational representatives have a genuine concern for their welfare, as demonstrated by their actions beyond the call of duty (Eisenberger & Stinglhamber, 2011). This concern is more strongly communicated when supervisors' favourable actions appear to be voluntary and reflect genuine caring on their part as opposed to being forced by external constraints, such as contractual obligations, government regulations, or a tight job market (Eisenberger et al., 1997).

According to OST (Eisenberger & Stinglhamber, 2011), there are a number of supervisory behaviours that should contribute to subordinates' SSS [Supportive Supervisor Strategies]. We organized these behaviours around four general strategies: benevolence, sincerity, fairness, and experiential processing. These strategies, along with relevant behaviours, are presented (...) and are explained in more detail below.

Sincerity refers to authenticity in expression and deed (Eisenberger & Stinglhamber, 2011). Employees believe supervisors are being sincere in judgments of their performance when these judgments reflect careful evaluation rather than other motives such as bias toward favoured employees or a disingenuous desire to please. Attributions of sincerity are also enhanced, according to OST, when supervisors follow through on their promises. In addition, being treated with dignity and respect by those in positions of authority is an important aspect of interactional justice and is reflected in the sincerity strategy.



CHAPTER 3 TIP 2

Training Supportive Supervisor Strategies

Note 1 Defeating Abusive Supervision: Training Supervisors to Support Subordinates; M. Gloria Gonzalez-Morales, Thomas E. Becker, Mary C. Kernan Robert Eisenberger, Journal of Occupational Health Psychology 2016, Vol. 22, No. 1, 000, © 2016 American Psychological Association, 1076-8998/16/\$12.00 <http://dx.doi.org/10.1037/ocp0000061>

Procedural and informational justice are also important. Both have been consistently found to be positively associated with perceived support (DeConinck, 2010; Kurtessis et al., 2015; Rhoades & Eisenberger, 2002; Wayne, Shore, Bommer, & Tetrick, 2002). Procedural justice refers to fairness in the processes used to determine valued outcomes (Colquitt, 2001).

For example, social accounts as a dimension of procedural justice have been shown to reduce blame employees place on the decision maker (Bobocel & Zdaniuk, 2005; Shaw, Wild, & Colquitt, 2003). Informational justice provides explanations for why procedures were used or outcomes were distributed in a particular way (Colquitt, Conlon, Wesson, Porter, & Ng, 2001). Both procedural and informational fairness communicate concern for employees' opinions and well-being, leading to enhanced perceptions of support (DeConinck, 2010; Rhoades & Eisenberger, 2002; Roch & Shanock, 2006).

The fourth strategy, experiential processing (Good et al., 2016), involves attending to stimuli without immediate judgment or evaluation since such interpretations often tend to be habitual in nature or biased toward self-concerns. Thus, experiential processing permits a more nonautomatic and careful evaluation of events. Having supervisors stop and listen carefully to subordinate concerns or explanations, as opposed to responding impulsively, provides an opportunity for greater awareness and more flexible responses, essentially minimizing automatic reactions.



CHAPTER 3 TIP 2

Criteria for minimally adequate clinical supervision across disciplines.

Note 1 Defeating Abusive Supervision: Training Supervisors to Support Subordinates; M. Gloria Gonzalez-Morales, Thomas E. Becker, Mary C. Kernan Robert Eisenberger , Journal of Occupational Health Psychology 2016, Vol. 22, No. 1, 000, © 2016 American Psychological Association, 1076-8998/16/\$12.00 <http://dx.doi.org/10.1037/ocp0000061>

The supervisor

- Has the proper credentials as defined by the supervisor's discipline or profession;
- Has the appropriate knowledge of and skills for clinical supervision and an awareness of his or her limitations;
- Obtains a consent for supervision or uses a supervision contract;
- Provides a minimum of 1 hr of face-to-face individual supervision per week;
- Observes, reviews, or monitors supervisee's therapy/counseling sessions (or parts of them);
- Provides evaluative feedback to the supervisee that is fair, respectful, honest, ongoing, and formal;
- Promotes and is invested in the supervisee's welfare, professional growth and development;
- Is attentive to multicultural and diversity issues in supervision and in therapy/counseling;
- Maintains supervisee confidentiality (as appropriate);
- Is aware of and attentive to the power differential (and boundaries) between the supervisee and supervisor and its effects on the supervisory relationship.



CHAPTER 3 TIP 3