

“Molly! Get your coat. We’re going to town now.” Molly goes to the coat stand, puts on her coat and then stands still. “Come here Molly. I said we’re going to town.” Molly returns to the staff member. The staff often feel impatient with Molly: they ask her to do something and more often than not she stands there looking vacant.

As you read Molly’s story perhaps you were reminded of your expectations about how people respond to you. You may find it difficult when they behave in ways you had not anticipated or that are contrary to your instructions. You may find it easier to work with someone, for example, who follows through on your directions.

One tester said:

I know that in the daily rush of trying to provide a good service for a number of people, it’s easy for me to get caught up in getting the tasks done. I forget to take the time to sit down with someone and find out why they are acting in a particular way.

Sometimes it is not clear why people behave as they do. It may be difficult to understand them. In this ‘gap of understanding’, there may be a danger of making personal attributions about what is going on. When there is non-compliance, as for example in the situations with Molly or Jimmy, it may not be unusual to fall into the trap of making negative assumptions. Sometimes a search for understanding may have to go further than understanding a social or a personal history. It may be that, even cognitively, people see the world differently.

So, regarding empathy and the core conditions, it can be important to look at personal and cultural assumptions and expectations about how other people ought to respond or behave.

Assumptions and expectations are slightly different but related phenomena. *Assumptions* are more concerned with what we *believe* is going on for another person. In Molly’s situation, the staff were possibly making assumptions about her intentions, motivations and capabilities. *Expectations* are more concerned with anticipated outcomes. They are based partly on assumptions. If staff assume Molly understands, retains and can act on their instructions, they will expect her to follow through with what they believe to be appropriate

behaviour. Expectations can be based on spoken and unspoken roles and rules of a particular culture. In Molly's situation, staff may see themselves as 'in charge' of Molly. Their job is to set the agenda for her activity. When they give her an instruction, they expect her to obey. So issues of power are embedded here too. Assumptions, expectations and divisions of power can get in the way of experiencing and expressing core conditions. For example, it may be difficult to have empathy or positive regard for someone who seems to contradict you deliberately. Paradoxically, bringing core conditions to the situation can further an understanding of the situation as was seen in the case of Jimmy in Activity 9.1. Becoming aware of the kinds of issues or patterns of behaviour that consistently annoy you or that you find problematic in some way can be useful in discerning what those assumptions and expectations are.

Becoming aware of cultural influences can be important too. Living in a culture that focuses on efficiency, strict routine and punctuality may lead to impatience with a person who seems to delay, for example.





Working together and making connections

Gaps in understanding

Read the following additional information about Molly.

Molly – 2

What staff do not know is that cognitively (that is, how a person interprets the information they receive) Molly can only process the first half of a two-part request. She simply forgets the second part.

- How would having this information possibly change your reactions to Molly?
- What would it have taken for you to find out this information?
- Make a list of the qualities you might need (such as curiosity), the procedures that might stand in the way, and one or two things you might need to do differently.

Finding out why Molly does not respond as she should might require you to suspend your assumption that she was deliberately being obstinate. You could follow your curiosity, wondering and experimenting with different ways of working with her. You would need to take more time to explore these, time that regular procedures and routines might prevent. Underneath it all, a humanistic view would suggest that

Molly's intentions are good and self-preserving. She wants to do what is best for her and your role would be to explore how her responses in her view seem to be what she thinks is best for her.

It is difficult to identify assumptions because they are so taken for granted that they often remain hidden from awareness. You may not be in the habit of questioning and challenging assumptions. Even though you may agree in principle that it is a good idea to do so, you may find it difficult to know how to do it. The next activity could be a useful starting point.

Interpretations involve ascribing or attributing intentions, motivations and causes of someone else's behaviour and they can arise from assumptions. Interpretations can also offer additional clues to assumptions that may be lurking.

Assumptions, expectations and interpretations

Keep a record for a morning of occasions when you or a colleague or friend spontaneously offer interpretations of someone else's motivations and behaviours.

These 'interpretations' might start with phrases such as: 'You're just doing it because ...'; 'Underneath it all he's really ...'; 'That's not really what she means ...'.

Note also the impact of these interpretations, whether you or someone else is the recipient. What kind of authority and evidence are offered to back up these interpretations? Who makes them?

Can you find one or two assumptions underlying the interpretations you identify?

You may have found this activity quite difficult to do at first. Interpretations happen so fast, they can be hard to identify.

I noted that at times I make interpretations about someone's behaviour when I am really trying to 'guess' their motivations. Sometimes interpretations come from some knowledge, that is they are based on someone's past behaviours. At other times an interpretation is based on what I expect because of their role or position. And sometimes the authority or evidence comes from my own imagination, what I want to believe at the time because it is convenient or helps me save face.

Molly's and Jimmy's stories are two dramatic examples of a situation in which the world view of the individuals involved (Molly and Jimmy) was profoundly different from the staff's. To get to the bottom of their situations, the staff may have to suspend certainty, perhaps rigid opinions they had formed and their own, possibly unspoken,

rules of intervention. In getting to understand another person's reality, you may need to have a certain amount of curiosity about what life is like for them, and to create a certain amount of space within yourself to receive that reality.

Sometimes the context or the circumstances of the situation do not seem to lend themselves to experiencing and expressing the core conditions. The next section explores how different ways of working may focus the interaction on different kinds of behaviours.

Key points

- 1 Cultural influences can create assumptions and expectations which sometimes remain hidden.
- 2 Identifying assumptions and expectations and putting them aside can create an opening for the core conditions.
- 3 Paradoxically, experiencing and expressing core conditions can lead to a new understanding that can in turn dispel assumptions and expectations.

3.2 Crossing cultures: different ways of working

It is helpful to pause here and remind yourself that the notion of core conditions originated in a therapeutic orientation that made relationships, and the building of a relationship between helper and the person being helped, central to a positive outcome. The idea of core conditions has been imported into people's everyday expectations about what makes communication effective. If part of the purpose of the communication is to build a relationship, as in a therapeutic or counselling environment, it is easy to see the link to the core conditions.

However, if the purpose of the communication is some other task, such as the one in the next activity, what place do core conditions have in that communication? Sometimes there is a tension between the differing expectations that a relationship and task focus place on an encounter.

Jan, one of our colleagues, reflected on her recent experiences with various helpers at the time of her car accident. She not only describes what happened but also how she was treated, and what her reactions were to that treatment.

Analysing an accident for different ways of working

As you read through Jan's account, note your immediate reactions to the circumstances surrounding the incident. You might want to think about the various roles of the key people, their reactions and responses, and what you can derive from the account about the presence or absence of core conditions – empathy, warmth, positive regard, genuineness and respect.

The accident

Friday started off with a bit of space around it. It was clear, cold and sunny. My partner and I sat and talked together over coffee before starting off for work. We were passing the garden centre and the crèche, and then, without any warning, a large vehicle loomed towards us on our side of the road. We couldn't get out of the way. The impact was immediate and intense. The windscreen shattered, the bonnet buckled and another vehicle was impaled on ours. I saw shooting stars with the force of the impact. My partner and I looked at each other in disbelief. We were aware of each other and a feeling of exhaustion. I felt paralysed with anxiety. What had happened? I couldn't speak. My heart was beating so hard that I felt like people could see it outside my body. I couldn't really communicate verbally, so I was relying on others to communicate with me. Touch and tone of voice played a large part.

The emergency services arrive late and in large numbers. I am still in the vehicle. A police officer walks toward me. He doesn't open the car door, which will open, but instead he taps on the window and asks me if I am all right. No I'm not all right, but I'm not used to talking through panes of glass, so I just nod feebly and say 'Yes, I'm OK.' The fire service come. The firefighter opens the door. He kneels down. He holds my arm. He tells me that I'll be OK, that everyone is there to help. He tells me what everyone else is doing and that he is going to look at the chap in the car behind (we were hit from behind too) and that he'll be back. I say 'Thank you, thank you.'

The ambulance people arrive and touch me with thick plastic-gloved hands. They check my vital responses. I don't much like this. I'm a victim. They're dealing with a victim. They are dealing with just another victim. They talk about how to get me out, they talk to me about how to get me out, and they really try to go through the proper routine so I'm not damaged further, but they don't connect with me at all. Am I the wrong sort of victim? They know what they're doing, it's routine, but I've not been an accident victim before. I feel like a piece of meat, and I have no control and it feels like my fault.

Conversations over my head at the hospital are not reassuring. The sister needs to take control so she begins by telling the ambulance personnel that they have parked my trolley, on which I am strapped with full head brace, in the wrong area and they need to move it. Once she is out of sight they moan about never getting it right.

A doctor comes to examine me. He doesn't make eye contact or offer anything but peremptory assurance. He sends a nurse to run some tests. She knows what she is doing. She's done it lots of times before. She comments on the rubbish equipment that she has to work with and how much better some of the newer machines are. She tells me everything looks fine and she will show the traces to the doctor. I am in too much pain to hold a conversation. I don't seem to be the focus of attention and I begin to wonder why not. The sister reappears and tells me I am fine to go and that if I need to talk to her about anything that I can just call. I need to talk to her NOW. I want to communicate the way I am feeling and I want her personal reassurance. When I needed help, when I couldn't ask for it, I expected her to understand, I wanted her to understand; and fill in the gaps in the communication I was experiencing.

Compare your reactions to the account with our testers' comments:

- There were so many people involved in this situation. I can remember being in a similar situation and being afraid that somehow I would be forgotten or abandoned. I was just so glad that everyone seemed to know what they were doing. There were some people who did stand out more than others. The ones who talked to me like a real person made a huge difference to my fear.
- For me, efficiency and competence are the most important things. I want to know that these people know what they are doing. I know that by their actions. I don't care if they talk to me.
- I found it interesting how much the person wanted to be acknowledged and how she made meaning in her own head of how they treated her. For example, she says, am I the wrong sort of victim? I noticed too, that the police, the ambulance people, the firefighter, the nurse, the doctor, all seemed to treat her somewhat differently. From what she says, the firefighter seemed to treat her with the most empathy, in that he took the time to be reassuring, tell her what was going on. It seems that he understood her need to connect.

The testers had different reactions to the accident case study and, when placing themselves in the same situation, each would have wanted different behaviour from the helpers. The first and third comments concern the importance of being acknowledged as a person, the reassurance that comes from a more personal or 'emotional' connection. The second comment emphasises the importance of knowing that the tasks are done with competence and efficiency. That tester cared less about the interpersonal communication.

The question that came to my mind, and maybe for you too, is can both the interpersonal communication and the task happen effectively at the same time?

Daniel Goleman, the author of *Emotional Intelligence*, acknowledges the need for connection and for a relationship dimension when he talks about the importance of emotion in health care:

By now a scientific case can be made that there is a margin of medical effectiveness, both in prevention and treatment, that can be gained by treating people's emotional state along with their medical condition.

Goleman, 1995, p. 165

However, he also suggests that the current climate is one in which relationship tends to be treated as a background variable.

The account of the accident illustrates this well. In that situation there is not much opportunity to set the context or develop relationships. Yet Jan has clear expectations about the relational element, and about (implicitly) the core conditions. She explicitly states she is relying on others to communicate with her and how 'touch, tone of voice' matter. She identifies for us clearly which interactions she considers are most helpful, and which are least helpful. For her, the quality of the relationship seems to be in the foreground while most of the helpers put the task in the foreground.

Different helping models may influence the expectations of helper and the person being helped. Many of the helpers seem to be acting according to a task-oriented model. In this model, the user/client/patient is passive and weak. The helper is the expert who provides treatment and other services. In Unit 2 you explored the impact of context that includes ways of behaving that we call professional. Procedures and protocols, routines and practices originate with both the individual and the institution. We might say a relational model or perspective influences the perspectives and expectations of the person being helped.

How could people behave differently?

Return to the case study in Activity 8.8 and consider how the various helpers might have behaved differently, even in small ways, that would have made a difference to Jan.

Jan was looking for a more relational approach: more warmth, a greater demonstration of empathy, and more genuine interest may have helped her to be less fearful and more reassured. It may have also helped in eliciting important information from her. For example, the police officer might have opened the door instead of tapping on the window, or explained why he could not open the door. A gentle touch on the shoulder and a smile may have helped. Similarly, the doctor might have made eye contact. The nurse, instead of, or in addition to, commenting on the rubbish equipment, might have acknowledged how frightening and disorienting an accident like this can be.

Testers identified the firefighter as one person who seemed to be able to convey the core conditions. Showing the willingness and the capacity to 'tune in', to understand Jan's need for assurance, and to respond. This act of empathy is not a 'skilful technique' but demonstrates, rather, an approach or an attitude that aligns with

Carl Rogers' original definition, which has two parts:

- *sensing the other person's experience*
- *communicating it*

The firefighter's response seems to demonstrate another element in the cluster of core conditions: genuineness. He treats Jan as a real person, at least in her view. He knelt down. He held her arm. His gestures seem authentic and unique rather than prescribed by role or training. It is hard to imagine a training manual that would prescribe the sequence of kneeling down, holding her arm, reassuring her. His communication was concrete in that he told her specifically where he was going, what he was doing, what was going on. The communication here is both verbal and non-verbal. Person-centred and experiential theorists and practitioners suggest that the core condition of empathy is not an intellectual analytical process but a mind-body phenomenon in which the emotional reactions of one person (in this instance, the helper) correspond to and reflect the emotional reactions experienced by the other (the person being helped). If empathy is an emotional experience then it is also embodied. Empathy is a felt experience. It is only after this felt experience is accessed or brought to awareness that the second dimension of

empathy can take place, the responding dimension that involves a verbal or non-verbal response or both.

Margaret Warner, a psychologist, has written about what it is like for the person receiving such a response:

the sense of recognition that one has when one feels that another has grasped – in words, or in some other way – the essence of one's situation as it is currently experienced ... This kind of recognition is often accompanied with a sense of slight release or relief at being seen. At an everyday level, a person might feel this sense of recognition when someone notices that he or she has been waiting in line for service or if someone says: 'You look like you're tired of all this', when this is in fact true. Most people experience a fuller version of this experience of recognition at certain rare and valued moments in life.

Warner, 1997, pp. 130–1

None the less, in Jan's account, for the staff attending to her medical needs, trying to empathise with her may have felt like a distraction. Some helpers may have hesitated to make further emotional connections, not wanting to intrude on her and possibly raise her anxiety. Some may have been fearful of raising

their own anxieties by placing themselves ‘in her shoes’: a focus on the medical model allowed them to focus on the tasks.

Compassion fatigue as one explanation

Read Chapter 20, ‘Compassion fatigue: how much can I give?’, by Peter Huggard in the Reader. Write a few notes on times in your own experience when you may have avoided engaging with someone. Consider what you did instead of engaging. What sorts of things have you done for yourself to prevent this kind of compassion fatigue?

To be candid, there are times when I do not feel I have any more to give, and then even a meeting where I can just be with my own colleagues feels like a safe haven from the tough, sometimes irresolvable, painful problems that my clients are faced with and expect me to help them with every single day.

I have never been able to discover a real formula for preventing this. Generally, the old adages – take a break, or make some changes – work up to a point.

I have also discovered that, if I am honest with my clients about how I am feeling, not in an overwhelming way but perhaps just a few well chosen words, often they can be remarkably understanding and somehow the weight lifts a little.

Peter Huggard acknowledges that there is a relationship between a clinician's empathy and compassion and the quality of care. He notes that clinicians sometimes seek detachment to prevent burn-out. However, he distinguishes between the nature and the reasons for burn-out and compassion fatigue and makes several recommendations for prevention and treatment.

You could also read Extract 40 'I didn't know how to help him', by Michele Hanson in the Anthology. This article also explores the expectations placed on medical personnel to 'be tremendously intelligent, generous and never forget anything, when the reality is that they are often exhausted and overstretched.'

The account of the accident demonstrates that different people have different needs and ways of working, and these differences can sometimes create tensions. The incident raises questions about how realistic, efficient or necessary it is to have every team member caring in the same way. It also raises questions about whether the core conditions – empathy, genuineness and positive regard – are just one aspect or one alternative in communicating effectively, or whether they are more fundamental to all effective communication and should coexist with other modes of caring.

The next section challenges the legitimacy of applying the core conditions universally. How is it possible to feel unconditional positive regard for a person who abuses children or towards anyone who has committed a terrible crime? Is it morally and ethically acceptable to do so?

Key points

- 1 Tensions between the task and relationship elements of an encounter can lead to differing expectations and misunderstandings.
- 2 Core conditions can be experienced and conveyed in a variety of ways that have meaning for the participants.
- 3 Helpers sometimes detach from the relational aspects of an encounter in order to prevent compassion fatigue and burn-out.

3.3 Crossing cultures: a question of values

Values conflicts and moral and ethical dilemmas can arise in trying to experience and express the core conditions when one person's ethical and moral code and conduct violate another's. Lena Robinson (in Chapter 12 of the Reader) describes values as standards or principles to live by.

Richard Hazler is a psychotherapist and the co-author of a book called *The Therapeutic Environment* (2001). He describes his work with John, who has been in prison for several years for a series of serious crimes.

Trying to reconcile values and core conditions: we don't choose our clients

As you read about John's case, keep in mind the core conditions and how you might respond to him. What elements of your own world view, values and moral code might influence your responses? How might John's ethnicity affect the way you think about him?

John

John was a large black prisoner who kept very much to himself. His physique, scars and brooding look all gave the impression of someone from a very different world from my own, and the prospect of counselling him alone in a locked prison cell felt a particularly foreboding one. Yet, once in therapy, he shared a very quiet, peaceful and trusting side that did not match his looks at all. Which, then, was the real world – the real John?

John quickly made progress at opening up, trusting and looking for better ways to deal with his life. Encouraged by the progress, it was a shock when, after a particularly productive session, a guard who was normally friendly to me surprised me with his anger: ‘Haz, you must be sick to try and help that bastard!’ He turned quickly, emphasizing his disdain for me, and stomped away. What was going on here? A record-search showed that John was in prison for raping a 13-year-old and there were similar charges for other cases in several states ...

In our next session, before I had even said a word, John recognized the confusion in me. ‘You found out about my past huh? Well, fuck* you!’ As

he got up to call the guard and leave, I instinctively moved to stop him, although I did not know how I managed to do so or why. The words that came out were unplanned but honest.

Wait! ... I'm having trouble figuring out my own feelings, that's true. Maybe I'm not doing too well right now, but we've worked well together and you've helped me understand before. You can do that again. But I need your help to know you better and to be of more help. Give me a shot?

John was used to people's reactions when they found out about his horrific acts. The disdain in their faces, words and actions were too much for him to take, so he hid from people, both physically and psychologically. He despised himself for what he did when, periodically, he went out of control. But where could he turn for help? His actions were too despicable for people to show caring for him, or even for John to care about himself.

We discussed my reactions and John's own feelings about his behaviours, feelings that were many times more painful to explore than topics like how others felt about and treated him. These discussions helped to develop between us a positive therapeutic relationship that may not have made John into a model citizen, but did give him hope, new ways of looking at life, and more productive ways of interacting with others.

Richard Hazler was able to let John know of his willingness to try understanding John's immediate thoughts and feelings. He shows a great deal of genuineness in revealing his own struggles and seems to elicit John's trust in doing so. He shows positive regard and respect in asking John for his help, and again a willingness to work with him. These conditions of empathy and positive regard let the other person know they are seen, that their experience is recognised in the moment by another human being. This experience of being recognised can lessen momentarily the feeling of being alone and isolated. There is often a slight sense of relief or release at being seen, which can lead to a clearer recognition of the person's own vaguely felt experiences and meanings. New ways of seeing things spontaneously emerge as if a fog has cleared. So the communicator of empathy provides a model for how people can relate to themselves and promotes a greater sense of safety and trust in the self. It is a process of validation, which says to the other: 'You are real and you matter.' The core conditions, including empathy, are portrayed here as morally neutral. Being empathic or respectful does not mean condoning John's acts, but it does mean respecting the fact that John's crimes are not the whole of him but only a part.

As you read this case study, you may have wondered why the author mentioned John's ethnicity: perhaps recalling your work on diversity and difference in Unit 6.

The mention of race and ethnicity raises several questions, for example why are black men overrepresented in the justice system?

So far this unit has explored the kinds of situations and dilemmas that may account for the absence of core conditions in communication and relationships. This included a look at personal readiness, appropriateness and different ways of working, and conflicts of values. Thinking about how it might be possible to develop the core conditions raises questions about their definition. The early part of the unit explored briefly the relationship between core conditions and skills. At this point you may have formulated a tentative response to the following questions.

- Are core conditions attitudes or skills?
- Are they innate qualities or can they be learned?
- How might you develop them?

The next section considers these questions because, in reaching some answers to them, it might be more possible to consider how core conditions can be developed.

Key points

- 1 Conflicts of values can present moral dilemmas about the role of core conditions.
- 2 Within the framework of a humanistic perspective, core conditions validate the person in his or her potential goodness and possible future, rather than specific, behaviours.