Forced Empathy* - RJ Part 4

Description

The client thinks about (or plays the role) of someone s/he is angry with or not getting along with. To be successful, the client must have a strong desire to develop a more loving and satisfying relationship with the other person.

From a cognitive therapy perspective, the distortion called Mind-Reading often intensifies relationship conflict. This tool helps to pull the client out of just assuming and really get into what it might be like to be the other person.

This tool is to help the client to see the conflict from the other person's perspective, and to see his or her own role in the conflict more clearly.

When to do It

Usually a good time is during step #4 or after completing a Relationship Journal.

How to do it

There are several ways to do Forced Empathy,

1. Simple Style or Step 4 in the Relationship Journal

Just ask the client to think about being in the other person's shoes. How will or does the other person think and feel? What will she or he say next? Will your response make the situation better or worse?

2. Role Play – (*See Notes from Leigh, David, and Thai-An below!)*

Clinician Meets "The Other Person"

The client will put themselves in the role of the person they are having conflict with (or want to get closer to). The clinician plays themself. The clinician will interview that person, using the Five Secrets of Effective Communication. Clarify who you are and they are. This may get confusing so very important the client clearly understand who is who! IE: "This is a role play method where you will take on the role of X (spouse/person they want to get close to). I have the easy role, I just play myself. I am ____ (your name), talking to you as if you were X. You will imagine that you've taken a truth serum. You'll tell me the truth and nothing but the truth from X's perspective. You don't sugar coat anything! Are you ready?"

There are three rules:

1. "When you play X, you have to agree to tell the truth, the whole truth, and nothing but the truth. You are not allowed to rationalize, beat around the bush, or to be defensive. Do you agree?"
2. "I want you to speak from the perspective of their conscious and unconscious mind as best you can. Do you agree?"
3. "Finally, I want you to share all their feelings, including anger and frustration, in an uninhibited way. Will you do that as well?"

Dialogue with the client for several minutes (see questions below). As the clinician you must empathize with both the client & person X, using all Five Secrets of Effective Communication: Thought empathy, Feeling empathy, Disarming, inquiry, "I Feel" Statements, and Stroking. Keep the questions about the relationship and the issues around the relationship.

Questions to ask:

- I hear that you're having a conflict with X. Is that true? If client says no, tell them they're not following the rules.
- Tell me what's going on with you and __ (client's name). How has it been for you?"
- Tell me how you feel about __(client's name)."
- "Does he/she irritate you? Tell me what they do that turns you off."
- "Tell me why you don't ___ (trust, relate to, understand, etc.) her. What are some of the things she's done or said that seems to point in this direction."
- "Why do you think he/she does that?"
- "Tell me more about why this is upsetting to you." (Can do an informal Downward Arrow Technique here.)

When the client starts repeating and going into a loop move onto wrap up questions.

Wrap up questions:

- What do you need from ___?
- What do you need ___ to know?
- Why does ___ (situation or person) matter so much to you?
- What does your ___ (emotions, hurt, anger) say about you that's positive and awesome?

Move onto processing:

- What was that like for you?
- What did you learn from this?
- What became more clear?
- What is your next step? Or plan of action?

Practice - Sample Role Play Script

Pretend client's name is Lucy, husband is George. She wants to get closer to George. (Note: we've already done empathy, paradoxical invitation, assessed resistance, etc.)

Clinician starts: Introduce the method. "This is a role play method where you will take on the role of George and try to see things from his side. There are three rules:

1. "When you play the role of George, you have to agree to tell the truth, the whole truth, and nothing but the truth. You are not allowed to be defensive or argue. Do you agree?" **Client:** "Yes.
2. "In addition, I want you to speak from the perspective of George's conscious and unconscious mind as best you can. Do you agree?" **Client:** "Yes.
3. "Finally, I want you to share all of George's feelings, including anger and frustration, in an uninhibited way. Will you do that as well?" **Client:** "Yes.

Clinician: "Ok, so I will just play myself. I am (clinician's name), and I'm talking to you as if you were George. You will imagine that you've taken a truth serum and you'll tell me the truth and nothing but the truth from George's perspective (yes you need to repeat this!). You don't sugar coat anything! Are you ready? Who are you?" **Client:** "Yes. I'm George."

Clinician: "And who am I?" **Client:** "Just you ___ (name of clinician)."

The clinician starts: "George, I hear that you're having a conflict with Lucy. Is that true? **Client (playing the role of the client playing George):** "Yes, I guess we are." If the client says no, you tell them they're not following the rules.

Clinician: "Tell me what's going on with you and Lucy. How has it been for you?" Ask various questions, see How To, as time allows, save a few minutes for wrap out questions and Feedback! Do empathy in between questions.

Stop and do Feedback

Notes adapted from Leigh Harrington & David Burns:

Clinician follow-up questions can focus on goals like these:

- Identify the thoughts and feelings of the person the patient is in conflict with.
- Highlight the (usually benign) motives of the person the patient is in conflict with: "So you're telling me that you're concerned that if you listen to Susie, or give in to her, she'll take advantage of you and you'll end up getting hurt? Are you saying that you back off because she sometimes seems kind of pushy?" Or "so you are telling your daughter you will not go to her wedding because you love her so much and fear she'll be unhappy with this man?" Or "so are you saying it's your desire to give your grandchild things you were unable to give your son that drives you to shower him with gifts?"

You can see that this is the same Positive Reframing technique we often use during Paradoxical Agenda Setting. Essentially, you transform malignant motives into more benign motives. This is arguably a Buddhist concept. The idea is for the patient to see that if he or she were the "enemy," he or she would likely be feeling and behaving in the same manner.

This means giving up the notion that the person the patient is in conflict with is some kind of horrible human being. Some patients will not be willing to do this. That's why skillful PAS must come first. In fact, it is very rewarding, even addictive, to label and blame others because this makes us feel morally superior. Even clinicians fall into this trap, usually without realizing it!

- Pinpoint the precise things the patient does or says that upset the person the patient is in conflict with: IE: "So you are saying George is wanting to buy a boat and feels you don't care that's important to him?"
- Identify and align with the parts of the client the conflict person may appreciate. "Sounds like ___ (client's name) really wants to get out of debt and is a responsible person."

At the end ask, "You've been playing the role of George how is that for you?"

Notes From Thai-An

"One of my favorite interpersonal tools that almost never fails to create empathy, understanding, and connection, in addition to decreasing or eliminating anger. You only use this tool if the client *wants to get closer* to someone they're in conflict with. It won't be effective if they prefer to keep the status quo or end the relationship. (NOTE: Thai-An's Example is: Sarah & Ben. Sarah is your client and is ready to get closer to Ben)

Ask them to clarify the roles to be sure they understand the method. "Just to make sure the method is clear, what is your role during this Practice

- ? What is my role?"

- When ready to start, you can say, “We’re going to have Sarah exit now and have you as Ben enter. I’m injecting Ben with truth serum now. Let’s begin the roleplay.”
- It’s often a good idea to start the role-play by indirectly complimenting your client Sarah, to make her feel more comfortable and know you’re still on her side. “Ben, thanks for coming in to talk to me today. As you know, I have been working with your wife, Sarah. She has been so hardworking, and I love working with her. I’m looking forward to talking to you today.”

Be sure you’ve already done the blame CBA, and they are willing to let go of blame in the Practice

- Use Ben’s name over and over, so Sarah knows you’re talking to her husband.
- Ask questions to engage in reattribution (Ben, what was going on with you that day? Why did you go off to the other room and avoided her like that?)
- Ask questions that will let Sarah feel Ben’s emotions, instead of just hearing his perspective. This is key. (e.g, and how did that affect you when Sarah snapped at you? How have you been feeling about your marriage?). Engage in a lot of feeling empathy.
- Ask change questions for client’s insight (Ben, what is it that you most need from your wife? What would you really like her to know?)
- Ask questions about what he loves and appreciates about the Sarah (Ben, what do you love about Sarah? Why are you still hanging in there despite the challenges you’ve been through?) – It doesn’t have to be all negative. This part is often pretty moving.

Other TEAM clinicians will played the role of a friend or of the husband (e.g., I’m Carlos, Ben’s good friend, and you are Ben), but I have liked just playing myself to simplify the process, you can use either.”

Source/References

- *Feeling Good Together* pg. 84-85, 89.
- *Therapists’ ebook, “Tools NOT Schools”*, pg. 918
- Podcast show notes has a VERY good explanation: https://feelinggood.com/2018/04/23/085-role-play-techniques-part-3-forced-empathy