

4

Emotional Communication

The therapeutic realm provides a forum for the expression of one's thoughts and life experiences, including articulating and processing the accompanying feelings. This chapter discusses techniques for identifying and addressing the client's feelings in a compassionate and professional manner, as well as skills for monitoring and effectively dealing with your own emotions as they emerge throughout the course of providing therapy.

Emotional Language

So far, much of what has been discussed has involved skills to promote *content* exchanges—techniques for eliciting and understanding the *facts* of the client's story. Along with the content, it is essential to effectively recognize and work with the feelings that run parallel to the facts.

Numerous words can be used to describe emotions, each carrying its own nuance and magnitude; however, an emotional word in isolation, can be ambiguous, as in this brief dialogue:



TC2 4.01 Emotional Language A.mp3



TC2 4.02 Emotional Language B.mp3

Th: How are you feeling?

Cl: Great.

Without the benefit of knowing the context of this word, “*Great*,” or hearing the verbal inflection, it can be difficult to know precisely what the client means. The client may be using the word *great* in a genuinely positive fashion, or the client may be speaking sarcastically, thereby implying the opposite. Observing the style of the conveyance, such as vocal characteristics, body language, and facial expression, can provide further clues about the strength and meaning of the client’s emotional message. Because the emotional meaning of a word is so strongly influenced by context and conveyance style, it would be presumptuous to attempt to arrange the feelings lexicon in Table 4.1 by magnitude; hence, they are simply sorted alphabetically.

Familiarity with feelings synonyms can enhance your perception of the client’s emotional state, thereby advancing the therapeutic process. For example, suppose a client mentions feeling “nervous” and only provides vague details. *Nervous* is a synonym for *anxiety*, a category on the feelings table. Because anxiety is fear about an anticipated loss or hurt, you may form a question based on this definition to elicit further details: “*You mentioned feeling nervous. It sounds like you’re expecting something bad might happen. What are you afraid might happen?*”

Table 4.1 is divided into two domains: positive feelings and negative feelings.

Positive Feelings

The positive feelings are organized into two categories: strength and happiness.

- ***Strength***: A sense of personal surety and solidity
- ***Happiness***: A state of personal satisfaction and contentment resulting from one’s needs being met

Negative Feelings

The negative feelings are arranged in five categories: frustration, anger, depression, anxiety, and guilt.

- ***Frustration*** is experienced when one is unable to gratify a desire or to satisfy an urge or need (Stedman, 1987). Essentially, when the accomplishment of a goal is encumbered, one feels frustrated.

Psychiatrist David Viscott (1976) provides a practical framework for comprehending a continuum of negative feelings—anger, depression, anxiety, and guilt—as a function of how one processes, or fails to process, hurt and loss.

Table 4.1 Feelings List**Positive Feelings****Strength**—*Feeling positive about oneself and circumstances*

Aggressive, Attracted, Capable, Certain, Charged, Competent, Confident, Determined, Durable, Energetic, Forceful, Hopeful, In charge, Independent, Motivated, Powerful, Proud, Safe, Secure, Solid, Super, Sure, Tough, Trusting

Happiness—*Feeling that one's needs and desires have been met*

Accepted, Affectionate, Amused, Belonging, Calm, Cheerful, Clear, Comfortable, Complete, Composed, Content, Delighted, Ecstatic, Elated, Excited, Exhilarated, Exuberant, Fantastic, Fine, Free, Fun, Glad, Good, Great, Hopeful, Joyous, Loving, Overjoyed, Peaceful, Playful, Pleased, Positive, Proud, Ready, Refreshed, Relaxed, Relieved, Respected, Rested, Safe, Satisfied, Secure, Thrilled, Together, Up, Warm, Wonderful

Negative Feelings**Frustration**—*Feeling that a goal is delayed or encumbered*

Baffled, Bewildered, Blocked, Bothered, Confused, Disorganized, Disoriented, Displaced, Divided, Foggy, Impatient, Insecure, Lost, Misplaced, Mixed up, Perplexed, Puzzled, Split, Torn, Trapped, Troubled, Uncertain, Unclear, Undecided, Unsure, Weird

Anger—*Initial reaction to hurt, loss, or disappointment*

Aggravated, Aggressive, Agitated, Annoyed, Betrayed, Defensive, Disappointed, Disgusted, Dismayed, Enraged, Fed up, Fuming, Furious, Hateful, Incensed, Inconvenienced, Irate, Irritated, Jealous, Mad, Mean, Nervous, Outraged, Put out, Put upon, Repulsed, Resentful, Sick of, Spiteful, Strained, Suspicious, Tense, Tired of, Upset, Uptight, Vengeful

Depression—*Anger that is trapped or held in*

Abandoned, Apathetic, Bad, Beaten, Blah, Blue, Bored, Crushed, Defeated, Dependent, Desperate, Disappointed, Discontent, Dissatisfied, Distressed, Down, Drained, Exhausted, Grief-stricken, Heartbroken, Helpless, Hopeless, Hurt, Ignored, Incapable, Inferior, Lazy, Left out, Lifeless, Listless, Lonely, Lost, Low, Miserable, Numb, Overwhelmed, Rejected, Rotten, Run down, Sad, Shaky, Sick, Sleepy, Sorrowful, Tired, Trapped, Troubled, Uncomfortable, Unhappy, Unwanted, Upset, Useless, Vulnerable, Worthless

Anxiety—*Feeling that hurt or loss is looming*

Afraid, Apprehensive, Cautious, Concerned, Distraught, Dreading, Edgy, Fearful, Frightened, Horrified, Hysterical, Insecure, Jittery, Miserable, Nervous, Panicky, Pensive, Petrified, Reluctant, Scared, Shaken, Shocked, Shy, Tense, Terrified, Threatened, Timid, Uncertain, Uncomfortable, Uneasy, Unsettled, Unsure, Uptight, Worried

Guilt—*Feeling a discrepancy between how one is and what one conceives as acceptable*

Embarrassed, Humiliated, Regretful, Remorseful, Shameful, Sorrowful

- **Anger** is the natural emotional reaction to hurt, loss, or disappointment. Anger can manifest from extreme rage to mild annoyance or irritation. Although it can be tempting to think that anger is easily detectable, particularly in a therapeutic environment, in many cultures, anger is considered to be uncivilized and must be quelled in order to get along in society. Clients may resist recognizing or expressing their anger, fearing that they may appear vulnerable, unlovable, out of control, or undeserving of respect.

- **Depression** is anger trapped and turned inward. Clients who are depressed are fearful of what might happen if they were to let their hurt (anger) leak out and be expressed. Sadness is not depression. *Sadness* is an active emotional expression associated with a recent hurt or loss, whereas depression is an *interruption* of the flow of feelings. When hurt or loss is experienced openly as sadness, the client has the opportunity to resolve his or her feelings by processing the emotions or actively addressing the source of the sadness in an effort to reduce or eliminate it. Because depression consists of concealing anger, it is less likely that the hurt feelings will be addressed openly, thereby extending the duration of the persisting hurtful conditions and the depression. In terms of emotional energy dynamics, depressed people expend a lot of energy to suppress their hurt feelings, leaving less energy to go about their daily activities; hence, depressed people tend to feel tired, listless, and depleted.

- **Anxiety** is an anticipated loss or hurt. Clients who are anxious feel as if there is a threat to their safety or well-being, as if they are on the verge of being hurt or losing something. Not knowing the precise moment or nature of the expected event, they feel uncertain about the future. The more significant the expected loss or hurt, the higher the anxiety level.

- **Guilt**: Clients who believe their thoughts, feelings, lack of feelings, actions, or inactions are unacceptable—or unacceptable to others considered significant—experience a sense of guilt. They feel as if they have done something wrong or failed to do something that they should have done. Feeling guilty makes them feel as if they are bad and deserve punishment. This may result in self-punishment or behaving in such a way to trigger others to administer punishment. The most common form of guilt involves feeling that they have done something harmful to themselves or another person. Therapeutically, guilt can be challenging to elicit. A client who feels guilty may resist voicing precisely what he or she feels bad about in order to avoid the possibility of someone confirming that he or she is indeed bad.

Emotional Communication

The preferred skills for therapeutically addressing and processing emotional issues are empathy, validation, and normalizing.

S Empathy

Whereas skills such as summarizing and reflection are used to demonstrate and verify your perception of the facts of the client's story, empathy is used to identify and articulate your awareness of the client's feelings. *Empathy*, derived from the Greek word *empathia* meaning "in feeling" is defined as "the ability to understand and share the feelings of another" (Jewell & Abate, 2001). Similar to summarizing and reflection, appropriate use of empathy demonstrates to the client that his or her feelings are being perceived and taken into account as an essential component of his or her condition. As with summarizing and reflection, empathic expressions are typically proposed in a provisional manner, pending the client's confirmation or correction of your perceptions. Empathy does not require or imply that you are committed to actually reproduce the client's feelings within yourself but rather that you understand and are sensitive to the nature of what the client is feeling. Essentially, empathy is about trying to comprehend the client's experience from the client's emotional standpoint, in essence seeing or feeling through the client's eyes and conveying your perception to the client (Bohart & Greenberg, 1997). Communicating such comprehension demonstrates that you are acutely tuned in to the richness of the client's experience. Demonstrating such attentiveness helps assure the client that he or she is being taken seriously, thereby further developing a sense of rapport. Effective use of empathy has been shown to facilitate the therapeutic relationship, helping bridge gaps among clients and therapists from different ethnicities (Carkhuff & Berenson, 1977; Traux & Mitchell, 1971). Empathetic communication has also been noted to reduce premature therapeutic termination (Bohart, Elliott, Greenberg, & Watson, 2002).

Empathy differs from sympathy. Sympathy essentially conveys that you feel sorry for or pity the client and implicitly communicates that the client should feel bad (or worse), too, thereby encouraging the client to assume the helpless victim role. Empathy, however, demonstrates that you perceive and respectfully acknowledge the client's (hurt) feelings, leaving the door open to identifying and more actively dealing with the troublesome issues (Egan, 1994).

Consider this brief dialogue wherein Therapist 1 responds sympathetically and Therapist 2 responds empathetically:



TC2 4.03 Empathy A.mp3

Cl: Two days ago, my cat Pixel passed away.

Th1: Awww, the poor cat—gone forever. What a terrible thing. That’s so sad.

Sympathy: Sympathy extenuates the client’s sense of hopelessness and loss.



TC2 4.04 Empathy B.mp3

Cl: Two days ago, my cat Pixel passed away.

Th2: You seem pretty distressed today.

Empathy: Empathy compassionately identifies and acknowledges the client’s sense of loss.

D At first glance, Therapist 1’s sympathetic response presents as good-hearted. The therapist is expressing sorrow for the deceased cat; however, on closer inspection, we see that it is comprised of more than one faulty message: The statement, “*Awww, the poor cat—gone forever,*” inadvertently compromises the focus of the session by discussing the cat’s experience. With all due respect to the cat, the cat is not the client. Instead, the dialogue should address the client’s reaction to the cat’s death. The therapist’s next sentence, “*What a terrible thing,*” may serve to inflate the problem. At this point, we do not yet know the precise nature of the client’s feelings; it is wrong to automatically assume that the client senses the cat’s death as a “terrible thing.” Specifically, the circumstances of the cat’s death have not been clarified. Perhaps the cat had a long bout with a difficult, debilitating disease, in which case death may be seen as a welcome alternative to prolonged suffering. Finally, saying, “*That’s so sad,*” prematurely prescribes a feeling to the client. Without further inquiry, there is not enough information to know how the client actually feels. The client may be experiencing any number of feelings, which may involve anger, relief, sadness, guilt, loneliness, numbness, or confusion. The client may appropriately resent the inaccuracy of the therapist’s unfounded assumptions.

Telling the client, “*That’s so sad,*” may unintentionally evoke a sense of guilt. The client may not necessarily be feeling intense sadness at this time; however, the therapist’s assertion, “*That’s so sad,*” may cause the client to become emotionally confused and inappropriately feel that he or she somehow needs to set aside *actual* feelings and attempt to feel sad or sadder in order to meet the emotional expectations of the therapist (a presumed expert).

Now consider Therapist 2’s empathetic response: “*You seem pretty distressed today.*” This statement achieves more facilitative functions: Compassion is expressed without implying pity. Additionally, the therapist’s acknowledgment of the client’s affect communicates that the client’s feelings have not gone unnoticed and that further dialogue will proceed with appropriate sensitivity.



Notice that the therapist phrases the empathetic expression speculatively: “*You seem . . .*” as opposed to prescriptively saying, “*You are . . .*” Expressing empathy in a speculative manner indicates that this is your *impression* of the client’s emotional state, subject to the client’s acceptance, correction, or elaboration. Remember, only the client knows precisely how he or she feels; it is your job to try to understand the client.

The following dialogue further exemplifies uses of empathy:



TC2 4.05 Empathy C.mp3

Cl: [Subdued affect] *I got an invitation to a family reunion, but I don’t know if I want to see my parents.*

Th: *You have some heavy feelings regarding your parents?*

Empathy: The client’s feelings toward the client’s parents are unspecific at this time; nevertheless, the therapist mentions the observation of the client’s change in emotional conveyance.

Cl: *They always just pretend like everything’s fine. They act like everything was always fine, and it’s not. It never has been. Never!*

Th: *Sounds like your parents make you angry.*

Empathy: Provisional emotional feedback is pitched.

Cl: *See, my dad drinks. He always has. When I was a kid, he used to come home drunk and yell at us. Sometimes he’d hit us or throw stuff at us. I once got hit in the head with this stupid solid glass dog figure that we used to have on the coffee table. Sometimes he’d come home like that.*

Other times, he'd come home, and he'd be like this ideal TV dad, like to make it up to us.

The client may not always explicitly confirm the therapist's emotional commentary, but notice that the empathetic response is neither rejected nor corrected, suggesting that the therapist's assessment was adequately on target.

Th: I imagine that was hard for you, not knowing if your dad was going to come home as Jekyll or Hyde. That can be scary . . . confusing . . . maybe anxiety making.

Empathy

Cl: That's kind of how it was. And on the nights when he got mad, there was no way of knowing what he might do: He could throw things, break stuff, hit us, yell at us, throw up, pass out. You'd just never know. What a way to live! I hated living like that.

The client confirms the therapist's empathetic expression and provides further (emotional) details.

Th: Sounds like you've got a lot of anger at your dad for what he did to you.

The therapist uses empathy to address the client's emotional reaction to the father's unpredictable rampages.

Cl: A lot. And then there's my mom. She was okay during regular times, but whenever my dad got out of control, she'd run to her bedroom and lock the door. She just bailed on us. Every time. That was her thing. How could she do that?

Th: You were disappointed in your mother for not intervening?

Speculative empathy

Cl: Ya know, sometimes I can't figure out who I'm madder at: my dad for what he did to us or my mom for not stopping him or throwing him out or divorcing him or just getting us the hell out of there.

Th: Yeah. As kids, we'd like to think of parents as the ones who are there to protect us. It's a pretty scary scene when just the opposite happens.

Empathetically summarizes events and emotions.

D Notice that in responding empathetically, the therapist neither says nor implies, “*Oh, I know just how you feel.*” It is certainly within the realm of professionalism that you may, on occasion, feel emotionally moved by a client’s story or condition; however, effective use of empathy does not necessarily mean that you must find a matching feeling or emotional experience within yourself, nor does it require you to spontaneously conjure up a genuine matching feeling, though this can happen. Essentially, empathetic responses involve provisionally submitting your perception of the client’s emotional conveyance for the client’s confirmation or correction and respectfully proceeding in a manner that sensitively honors the client’s feelings.

To frame empathy in more concrete terms, imagine a physician examining a patient who appears to have a broken arm. The doctor may use empathy as such:



TC2 4.06 Empathy D.mp3

Dr: It looks like you’re in some pain here. You may have a fracture. I need to examine your arm, but I’m going to handle you as gently as possible.

D Such an expression conveys that the doctor need not be experiencing concurrent physical pain within himself or herself to express an empathetic appreciation for the patient’s discomfort and, as such, assure the patient that this will be taken into account as the necessary care is provided in a sensitive manner.



S Validation

Occasionally a client may have, implicitly or explicitly, concerns that his or her attitudes, beliefs, thoughts, feelings, or actions (or lack thereof) may in some way be wrong, lacking, or not make sense. Validation serves to support the client by providing positive assurance that the client’s feelings, actions, and thoughts are appropriate per the client’s unique situation and perspective.



TC2 4.07 Validation.mp3

Cl: This last weekend, my cousin Troy got into this car wreck. He’s in the hospital, unconscious, on life support with some major head injury. The doctors said that they can’t operate, and it doesn’t look good. Everyone was around his bed just crying and crying.

Th: It's not easy to see someone you care about in that sort of condition. The tears make sense.

The therapist validates the feelings: Tears can go together with tragedy.

Cl: Yeah, but here's the thing: I just stood there thinking, Well, it's too bad that this happened, but this guy has always driven like a maniac—never pays attention, speeds, has major road rage. He's totaled tons of cars . . . literally! I always knew something like this would happen eventually. I'm just glad he ran his car into a tree instead of killing some innocent kid or something. I don't know. I tried, but I just couldn't find a way to cry. I think it made me look bad.

The client expresses dissatisfaction with his or her emotional response.

Th: You know, people see things in different ways, sometimes more emotional, sometimes more logical. It sounds like right now you're coming at this in a very realistic way, that essentially he brought this on himself. As you say, it's too bad that this happened, but reasonably knowing what you know about his driving habits and his ways, it makes sense that tears didn't come for you at this time.

The therapist uses the components of the story to support a reasonable context for the client's inability to cry. Notice that the therapist avoids directly blaming the cousin. This could set off a defensive reaction in the client. Instead, the therapist purposefully attributes his or her paraphrasing, "As you say, it's too bad this happened, . . ." to the client. Also, the therapist uses tentative language: "It sounds like right now . . ." "It makes sense that tears don't come for you at this time." This suggests that there may or may not be a change in the client's feelings over time and that this would be valid, too.

Cl: Maybe. But I mean, even when I'm alone, and I really try to feel something, I just keep thinking: "What a jerk. Why didn't he just take some anger management class or something?" It's like I feel mad at him, and everyone else feels sad.

The client expresses dissatisfaction that his or her feelings diverge from those of others involved.

Th: Well, everyone's got their own feelings. Right now, coming from your reasonable perspective, your anger makes perfect sense. Now, this

isn't over. As you move through this, it's possible that at some point, you may begin to have some other feelings, too, but right now, this is where you are, and the way you're experiencing this is completely appropriate.

The therapist not only validates the client's current feelings and thoughts but also leaves the door open for the possibility that the client may experience additional valid feelings.

D Validation essentially honors and supports the client's uniqueness: No two people have the same history, perspective, experience level, or emotional constitution. Hence, it follows that their actions and reactions may be appropriately unique. As each client progressively discloses more details about himself or herself, the client's feelings, actions, and thoughts will likely make more sense within the client's unique context. As such, plausible and supportive validations can be more readily submitted.

S Normalizing

Normalizing is similar to validation. Whereas the purpose of validation is to honor the client's perspective as appropriate for the client, normalizing can be useful in instances when the client considers his or her condition or symptoms as unique, atypical, or perhaps distressingly abnormal. As the therapist, you have the opportunity to provide a broader, more objective context, suggesting that although the client's situation seems exceptional—perhaps in a negative sense—such conditions are considered within the boundaries of normality, that many others have similar experiences (Sue & Zane, 1987). Normalizing can be a particularly effective skill, especially when dealing with covert symptoms that may be nonvisual or that may seem odd or embarrassing, wherein one cannot readily observe just how common such a phenomenon actually is.



TC2 4.08 Normalizing.mp3

Cl: I'm a failure. I have to be honest: Two days ago, I had a drink.

The client pairs relapse with failure.

Th: You've been sober for about 4 months now?

The therapist recaps and gathers some information to set the stage for normalizing the client's condition.

Cl: 122 days.

Th: What's your drinking like now?

Cl: It was just the one drink. Right after I finished it, I knew I wanted more—way more. I got so scared that I just got the hell out of there. But now I don't know what to do. I'm afraid if I don't go to the meetings, I'll drink again, but I'm afraid if I go back to the meetings, they'll be mad at me. It'll be so embarrassing. I don't know what to do. It's like now I have no place to go.

Th: I know this isn't the way you wanted your recovery to go, but you know, everything that you've described is really quite normal.

This reply lays the groundwork for redefining the client's relapse as normal; although relapse is certainly not preferred, it is by no means uncommon and can be dealt with.

Cl: What do you mean?

Th: Certainly you've heard the stories in the meetings. Yes, there are some people who achieve sobriety and never relapse; others have a slip or relapse and then resume their program, sometimes stronger than ever.

The therapist encourages the client to recall genuine stories of recovery that involve a relapse, thereby challenging the client's assertion that he or she is uniquely inadequate. The therapist discusses that it is normal and acceptable to return to recovery after relapsing.

Cl: I know. I guess I have heard stuff like that before, but I just didn't want that to be me.

Th: I think I understand. You wanted an uninterrupted recovery, and that's a virtuous goal, but I assure you, your experience is by no means a one-in-a-million thing. You know that. Relapses do happen from time to time, and people can and do come back from them, and it sounds like that's where you might be headed now.

The therapist further supports the notion that the client is not alone in his or her experience, that this is an expected phenomenon: It happens all the time, and there is hope.

D In this example, the therapist neither denies nor minimizes the client's relapse. Rather, the therapist applies his or her clinical knowledge of addiction and recovery to the problem, thereby

educating the client that the experience, though distressing, is by no means uncommon, or unrecoverable. Appropriate use of normalizing can help people see their experiences as less aberrant than they initially thought. Such emotional support has the potential to reduce their adverse self-opinions, which may involve a sense of isolation, poor self-image, self-consciousness, inferiority, guilt, or anxiety, clearing the pathway to taking further facilitative action.

Self-Awareness

As important as it is to perceive and process the client's feelings and thoughts, it is equally essential to acknowledge that as a therapist, you use yourself as a feeling and thinking instrument to perceive the client. Though the focus of each session is on the client, it is important to acknowledge that you carry your life history with you at all times. Self-awareness involves actively monitoring the dynamics of how you are receiving, processing, and responding to clients in light of your cognitive and emotional history. In your role as a therapist, it is important to embrace your sense of self-awareness and seek out relevant opportunities to promote self-growth (Council for Standards, 1996, Statement 36).

Recognizing Your Perspective

It may seem overly simplistic to say, "The only thing you can make a therapist out of is a person," but this is a point worth addressing. As a person, you ultimately are not an objective being. You have your own thoughts, opinions, beliefs, and feelings. Your experiences in life have led you to form a self-identity: You have a sense of who you are and what you are about. You know what is and is not important to you, what you do and do not care about, what you like and dislike, and what qualities you like and dislike in others. Because your feelings are always turned on, the role of the therapist can, at times, seem like a delicate balancing act: trying to keep your personal feelings in check while effectively using your "emotional antenna" to function empathetically (Brammer, 1993).

S Monitoring Your Feelings

Throughout the process of providing therapy, in addition to tending to the client's expressions, make an effort to monitor your reactions to the content of the sessions. Take special care to recognize your strong reactions to clients, both positive and negative; this is an opportunity to ask yourself

how much of what the client is processing matches your prior experiences or preexisting opinions. Simply stated, *transference* occurs when the client superimposes prior emotional experiences on the therapist. The client may perceive something about your personality, style, demeanor, or appearance that may remind him or her of a significant person in the client's past, such as a parent; hence, the client may begin to respond to you as the client would that parent. *Countertransference* occurs when the therapist does this to the client. Suppose you were brought up with a sibling who had strong dependent characteristics. When dealing with an otherwise able-bodied client who exhibits a persistent sense of helplessness, as his or her therapist, you may begin to emotionally interact with this client in the same manner as you would your sibling.

As you monitor your (positive and negative) feelings, be aware of some reactions that therapists commonly experience:

- Dreading or happily anticipating sessions with a client
- Having exceptionally strong hateful or loving feelings toward a client
- Wanting to end sessions early or extend sessions
- Strongly wishing for or dreading termination

Managing Countertransference

The first step in managing countertransference is recognizing that your feelings toward a client are unusually strong, either positive or negative. Monitor your own emotional reactions and behaviors during sessions in order to determine what the client said or did to bring about that reaction (Goldfried & Davison, 1994). Take some time, perhaps outside the therapeutic environment, to patiently ask yourself some introspective questions:

- What is making me like or dislike this client?
- What issues do I want or not want to discuss with this client?
- What is making me feel uncomfortable?

Such self-questioning may provide insight about the unresolved feelings or experiences from your past that may be resonating within you as you have contact with particular clients or issues. This may be sufficient to enable you to achieve a more objective perspective.

A second step may involve seeking out consultation with a colleague, an instructor, a supervisor, or another health care professional to help you delve deeper into addressing and potentially resolving the source of your strong feelings.

Ultimately, if you find that there is a particular population, clinical problem, or diagnosis with which you are unable to work effectively, then it is advisable that you provide the client with an appropriate referral, along with your rationale, rather than provide substandard or biased therapy (Hepworth & Larsen, 1993).

Coping With Prejudices

Regardless of the code of ethics to which one adheres, each person holds his or her own set of preferences and biases. Such preconceptions, both negative and positive, are virtually unlimited in terms of scope. They may pertain to one or more characteristics, such as gender, age, geographical location, socioeconomic class, marital status, race, color, or educational level. Hence, the question then stands: How does one undo such prejudicial attitudes? A study investigating homophobic attitudes among psychotherapy practitioners may hold a clue. The study revealed that regardless of educational levels homophobic attitudes were inversely correlated to the therapist level of personal contact with homosexuals, such as acquaintances, family members, peers, coworkers, or supervisors. In other words, the more significant contact the therapist had with homosexuals, the lower the likelihood of holding a negative opinion of them. The study also showed lower levels of homophobia among practitioners who had undergone prior psychotherapy (Berkman & Zinberg, 1997). This suggests that one strategy for overcoming prejudices toward specific client populations may be to find an opportunity to establish meaningful, ongoing personal contact with such individuals (Cook, 1978). Brief, impersonal, or infrequent contact is unlikely to achieve the desired effect (Brewer & Brown, 1998).

Ultimately, actively working to recognize and reduce your levels of prejudices can serve to broaden your potential as a therapist regarding the diversity of individuals and clinical issues with which you can comfortably and effectively work.

As important as it is to manage, reduce, or eliminate your prejudices, ultimately, there may be selected cases, individuals, or diagnoses (e.g., violent offenders, racists) that you are not amenable to handling in an objective manner. If you are unable to form a genuine professionally positive working alliance with an individual, it would be appropriate to refer the client to an alternate service provider.

Role-Play Exercise 4.1

The Barking Lot

Val's dog just had a litter of seven puppies; one is doing poorly. Val works full-time, lives alone, and is feeling overwhelmed with the responsibility of tending to the multiple needs of the eight animals (health care expenses, finding homes for the puppies, feeding, the noise, the mess).

Client

- Express regret for not having had your dog spayed.
- Discuss your mixed feelings toward the animals (guilt about resenting your dog, dislike and also compassion toward the ill puppy, stress regarding having to find homes for the puppies).
- Talk about how you are feeling isolated because the animals require so much attention during nonworking hours.

Therapist

- **Empathy** (p. 93)
Express your comprehension of Val's feelings.
"I can see how the responsibility of tending to all these lives alone is stressful to you."
- **Validation** (p. 97)
Confirm that Val's feelings are justified per the circumstances at hand.
"It makes sense that you have mixed feelings toward your pets and yourself. There's a lot going on here."
- **Normalizing** (p. 99)
Discuss how anyone faced with these multidimensional stressors would have a variety of possibly conflicted feelings.

Role-Play Exercise 4.2**Back to the Books**

Brett is a student returning to college after some time away. In addition to the usual life commitments (family, financial concerns, etc.), Brett is feeling the burden of adjusting to student life again (attending challenging courses, reading load, studying, homework, administrative bureaucracy, etc.).

Client

- Comment on your rationale for returning to college.
- Discuss how one of your courses consumes 50% of your time (difficult instructor, unfamiliar or complex material, heavy reading load, assignments, etc.).
- Identify some sacrifices that you had to make in order to return to school (quit work or reduce work hours, less social or leisure time, relocation, etc.).

Therapist

- **Empathy** (p. 93)
Express your comprehension of these feelings.
“You seem really stressed when you talk about that course.”
- **Validation** (p. 97)
Provide support for Brett’s feelings.
“Those aren’t easy courses, and those deadlines are very real. Your feelings sure make sense to me.”
- **Normalizing** (p. 99)
Discuss how stress is a normal reaction to virtually any change.
“It’s normal to have a stressful reaction to any life change, especially something as demanding as college.”

Role-Play Exercise 4.3

How Sweet It Isn't

Dean has recently been diagnosed as diabetic and has been having difficulties adapting to the new diet, stocking and carrying supplies (insulin, hypodermics, etc.), and administering the dosages.

Client

- Mention how you feel defective. Everyone else can eat or drink whatever and whenever they want, whereas you need medical supplies just to get through the day.
- Discuss how hard it is emotionally and physically giving yourself the injections.
- Talk about how you wish you could just throw away all the diabetic care stuff (medication, literature, etc.), but you are not going to.

Therapist

- **Empathy** (p. 93)
Demonstrate your understanding of Dean's emotions.
"I can see how hard this is for you, especially when you talk about having to inject yourself."
- **Validation** (p. 97)
Affirm that Dean's feelings are reasonable.
"Your feelings make perfect sense. This is a pretty big change in your life and also a real inconvenience. Of course you resent this."
- **Normalizing** (p. 99)
Point out that Dean's perspective is not atypical.
"Diabetic care is very involved and there's a lot to get used to. I expect it'd take anyone some time to adapt to this change."

Role-Play Exercise 4.4**Up in Smoke**

Jessie's apartment was destroyed by fire. Although there were no injuries, all of Jessie's property was lost. Jessie is temporarily living with family until the insurance company settles the loss.

Client

- Discuss your feelings about the things that can be replaced (clothes, furnishings, artwork, music, movies, etc.) and the things that cannot be replaced (an antique family clock, photographs, writings, etc.).
- Talk about the advantages and disadvantages of living with family.
- Mention your concern about a neighbor that you and the other tenants collectively looked after.

Therapist

- **Empathy** (p. 93)
Present your perception of Jessie's feelings.
"When you talk about the fire, I can hear the sadness and disbelief in your voice."
"It sounds like you really care about what happens to your neighbors."
- **Validation** (p. 97)
Support Jessie's (mixed) feelings.
"I can see how staying with family, even temporarily, can have some real plusses and minuses."
"Based on what's happened, it makes sense that you'd feel . . ."
- **Normalizing** (p. 99)
Point out that Jessie's reaction to the loss is appropriate.
"Considering that nobody anticipates having their place burn down, I think you're coping as well as anyone could be expected to."

Role-Play Exercise 4.5

Business or Pleasure?

Taylor and Morgan's relationship has been satisfying and stable over time. They are both kind people and mutually supportive. About a year ago, the company that Taylor worked for went out of business. Per Morgan's encouragement, Taylor started an independent business that has thrived. Unfortunately, this has left little time for the couple to be together.

Client

- Express your joy that Taylor's business is successful but that you are concerned about the impact of the stress and long hours.
- Mention that you sometimes wish you had never encouraged Taylor to build a business, despite the success.
- Discuss that you find your mixed feelings (jealousy, pride, loneliness, etc.) confusing and unsettling.

Therapist

- **Empathy** (p. 93)
Demonstrate your comprehension of Morgan's experience.
"When you talk about Taylor, I can see how proud you are. I can also understand how lonely you're feeling."
- **Validation** (p. 97)
Talk about the appropriateness of each of Morgan's feelings.
*"Your concerns about Taylor working such long hours are certainly well-founded."
"With Taylor less available, it follows that you'd feel lonely."*
- **Normalizing** (p. 99)
Discuss that it is not atypical to have conflicted feelings.
"It's normal to have mixed feelings because there's more than one thing going on: Taylor's success is a good thing, but Taylor's unavailability, right now, is something of a loss."