Empathy, Emotional Intelligence and Relationship-based practice

NUI Galway 8th Biennial International Conference *Rediscovering Empathy* 8-9 June 2017

David Howe University of East Anglia Norwich Doing social life – troubled and troublesome people

Empathy, emotional intelligence, mentalizing mind-mindedness, social cognition, social understanding

Resilience, social competence

Studies which have used complex statistical techniques to investigate whether some therapists consistently perform better than others have shown that they do. It seems that the differences in effectiveness between therapists carrying out the same type of psychotherapy often exceed the differences observed between different psychotherapies.

(R. Bentall, 2009, Doctoring the Mind, p 249)

Why this should be the case is not completely understood, but the ability to form a strong therapeutic alliance is undoubtedly a skill that is likely to affect the outcome of any kind of treatment.

(R. Bentall, 2009, *Doctoring the Mind, p 249*)

Evolution – why EI, social cognition, empathy etc?

- Sociable, group-living species
- Prediction
- Co-operation and collaboration
- Division of labour, range of talents
- Individual differences
- Brain size, brain functions
- Sarah Hrdy Mothers and Others

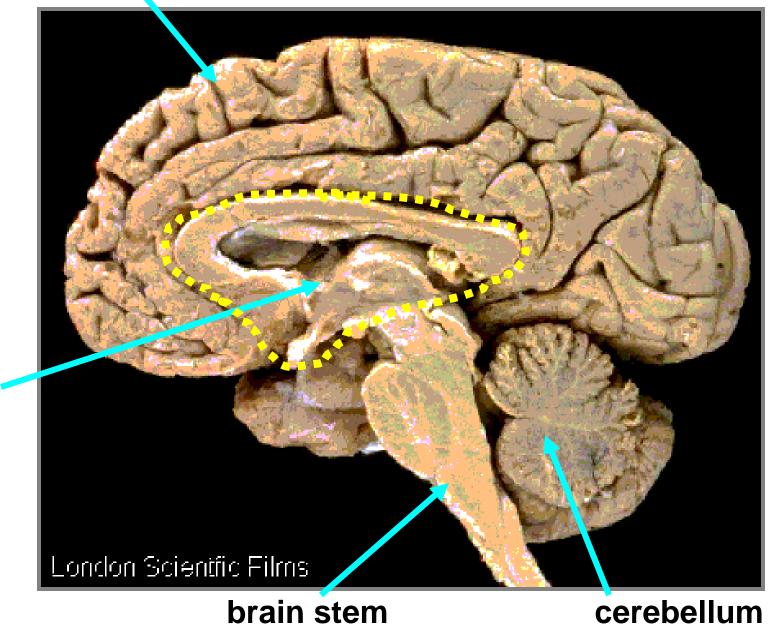
NB abandonment, rejection, being ostracised

How do we develop empathy, EI, mentalisation, social cognition?

Development, attachment, 'environment of evolutionary adaptedness', co-operation, collaboration, safety.

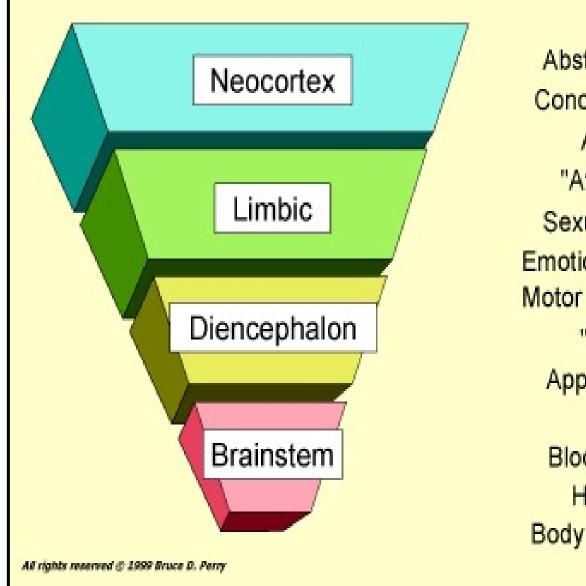
Emotional regulation, management of stress, mind-reading, reflective function, growth of the psychological self.

cortex



limbic system

Emotional regulation



Abstract thought Concrete Thought Affiliation "Attachment" Sexual Behavior **Emotional Reactivity** Motor Regulation "Arousal" Appetite/Satiety Sleep **Blood Pressure** Heart Rate **Body Temperature** 14

Bruce Perry: The ChildTrauma Academy, 5161 San Felipe, Suite 320 Houston, Texas 77056

The Emotions

Emotion is an evaluative response (a positive or negative feeling) that typically includes some combination of:

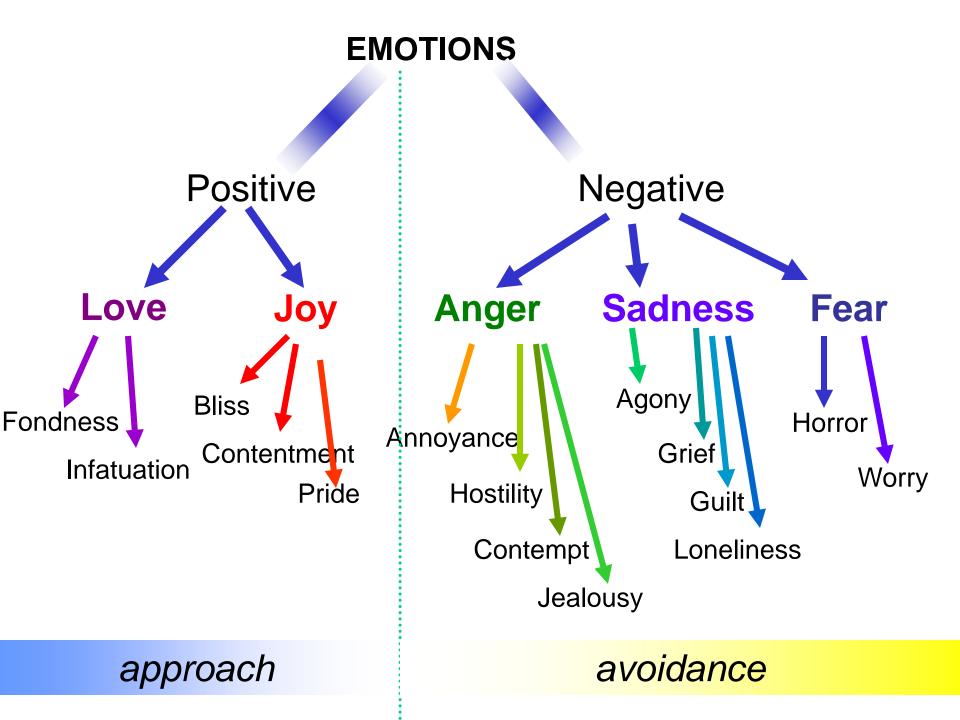
- Physiological arousal increased heart rate, sweaty palms, blushing eg anger = "feeling hot under the collar" BODY
- Subjective experience *MIND*
- Behavioural or emotional expression the overt behavioural sign of emotion, particularly facial expressions but also other bodily language BEHAVIOUR

'So emotion is not something opposed to reason. Emotions and their potentiality for guiding and managing thought in a general way are more basic. They complement the deficiences of thinking. And perhaps most important of all... emotions provide the infrastructure for social life: the plans they prompt are largely plans that involve others.'

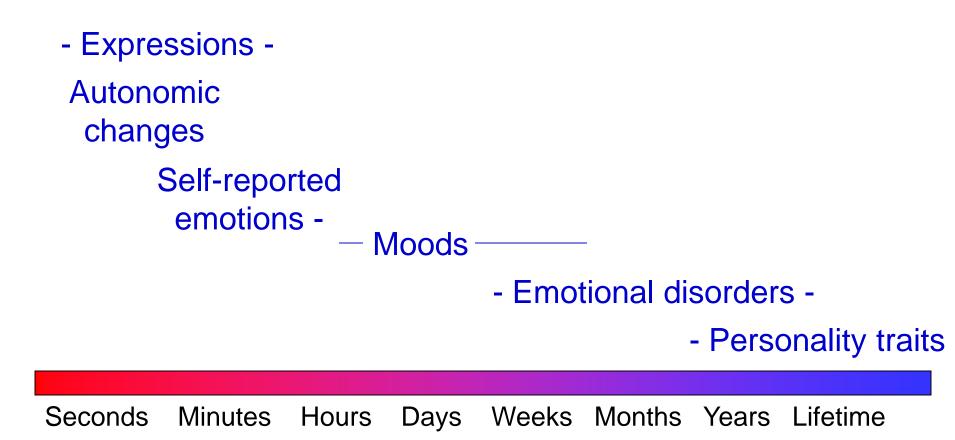
Oatley and Jenkins 1996

'The readiness that emotions induce provides outline structures for particular modes of relating: emotions of happiness and affection provide for co-operation, sadness allows for withdrawal from social interaction and the seeking of help, anger provides for conflict with others, and anxiety makes for wariness and deference.'

Oatley and Jenkins 1996: 124







Emotional regulation and wellbeing

Psychoneuroimmunology, health, longevity, epigenetics

Stress, social and economic inequality, mental health and social stability

Control, stress and locus of control

Over recent years, social scientists, economists and politicians have recognised that there is something tantalisingly important about happiness, personal relationships and social support. The sum of all these elements they refer to as 'social capital.' Social relationships' and a sense of emotional connectedness with others appear to bring great social benefits.

Communities that are rich in social capital have lower rates of crime and social unrest. Conversely, they enjoy higher levels of physical health and social cohesion.

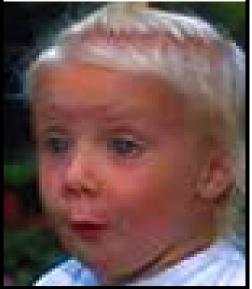
Social inequality = reduced social capital, increased stress, increased social problems













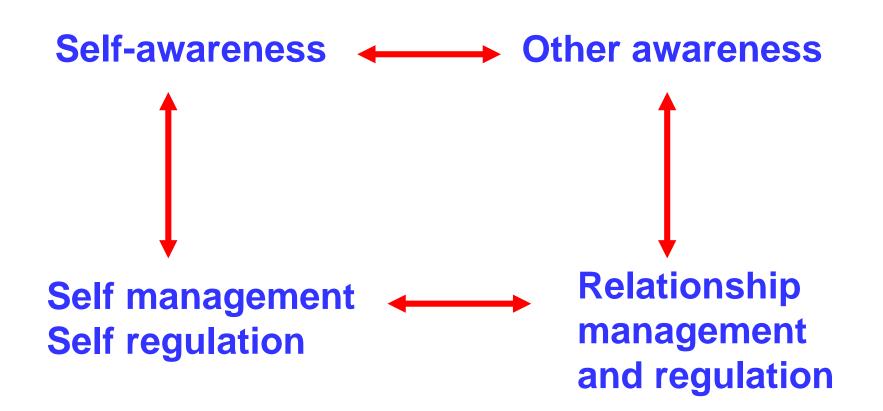
Emotional intelligence

Four-branch model which proceeds from perception to management:

- The perception and expression of emotion in the self and others.
- The use of emotion to facilitate thought, and the integration of emotion in thought.
- Understanding and analysing emotions in self and others.
- Regulating and managing emotions in self and others depending on one's needs, goals and plans (the management of relationships).

Intrapersonal intelligence

Interpersonal intelligence



Relationships and outcomes: examples:

Driving Medicine eg I.C.E. (ideas, concerns and expectations) **Client Views**

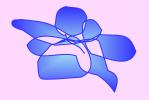
(from D. Howe, On Being a Client, Sage)

Feel secure:

- 1. Warm and friendly
- 2. Acknowledge and accept feelings
- 3. Understand

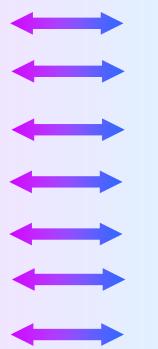
• Then explore:

- 4. Opportunity to talk
- 5. Make sense of experience
- 6. Re-order/re-structure/change thoughts, feelings, behaviour, circumstances.



Emotional intelligence empathy

Be responsive Inside Experience Understanding Meaning Relationship Feel secure



Intellectual knowledge technical know-how

> Be systematic Outside Behaviour Explanation Cause Technique Then explore

The relationship and therapeutic change

For Carl Rogers (1961, 1986), the three essential qualities that must be present in the worker-client relationship in order to bring about therapeutic change are warmth, empathy and genuineness. These became known as the 'core conditions' of the helpful relationship. It was felt that not only were they necessary, but they could be sufficient.

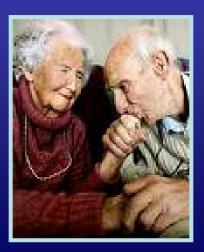
Principles of therapeutic change (Castonguay and Beutler 2006)

Three major variable domains:

Technique

Participant characteristics

Relationship



Good relationships, it seems, are a universal therapeutic good, and yet may turn out to be the single most important ingredient of effective psychiatric care. (R. Bentall 2009: 260).



Relationship-based practices

"Whatever the individual approach or clinical technique employed, the therapeutic relationship is one of the most powerful determinants of positive outcome...' (Daniel Siegel *The Mindful Therapist* 2010)



Relationship-based practice

- Containment
- Mentalisation, EI, empathy
- Transitional attachment figure
- Zone of proximal development



Hold the child in mind for the parent as a *mentalizing* being.

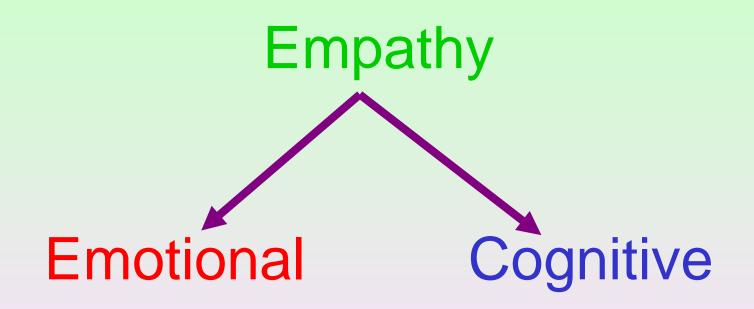
See the child's behavior as meaningful.

Holding the parent in mind so that the parent can begin to hold the child in mind.

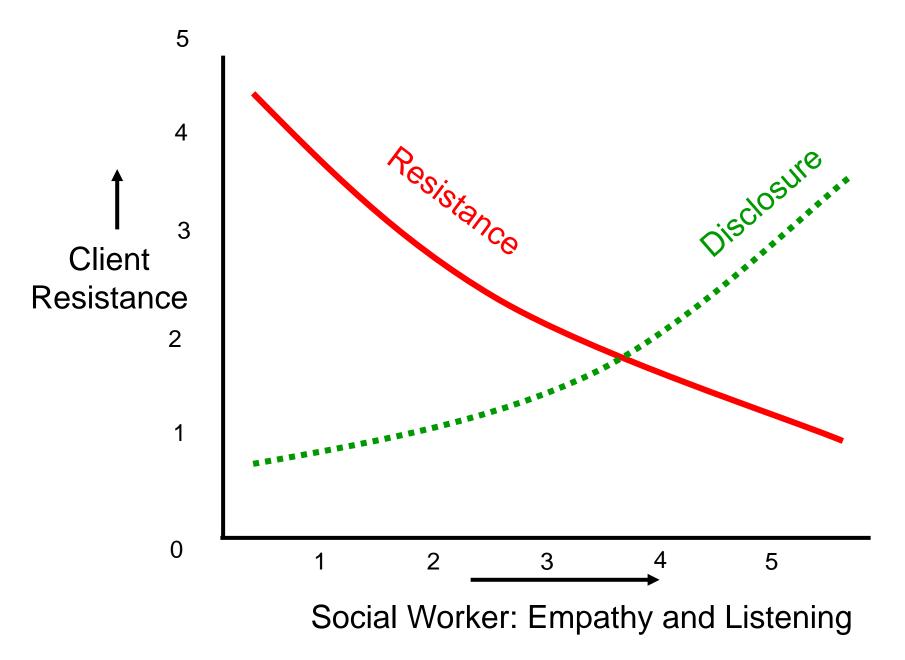
A. Slade (2008)

Being held in mind by the worker is a powerful way of containing the parent's anxiety, fear, doubts, anger, and sadness. This makes it safer for the parent to think about the child who is therefore not only more likely to be in mind but also in sight, and as a result that bit safer.

> David Howe (2010): 'The safety of children and the parent-child relationship in cases of child abuse and neglect'. *Child Abuse Review*, 19 (5): pp 330-41



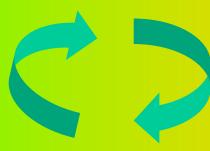
Donald Forrester (University of Bedford)





Tony seeks help

Safe Haven Attachment Feeling safe



Secure Base Explore/Play Reflect/Think

Compare the therapeutic/working alliance

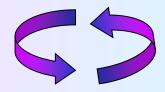
Feel Secure Feel safe Less anxious and fearful Less defensive Less resistant More co-operative More collaborative

Then Explore Think Work Change Feel motivated Go forward Therapeutic Alliance empathy

Technical know-how structure

+

Empathy Emotional intelligence The relationship Connection Understanding Mentalising



Structure **Problems** Needs Purpose Aims Goals **Methods Techniques** Collaboration

Empathy	and	<u>Structure</u>
Good Relationships	and	Working Well
Therapeutic alliance	and	Technique/ purpose
Feel secure	then	Explore
Connection	before	Correctior

Task-centred Behaviour modification Cognitive Behavioural Therapy Brief Solution Focused Strengths-Based Motivational interviewing **Multi-systemic therapies Critical Best Practice**



Thinking about thinking in self and others Thinking about feeling in self and others Thinking about doing (behaviour)





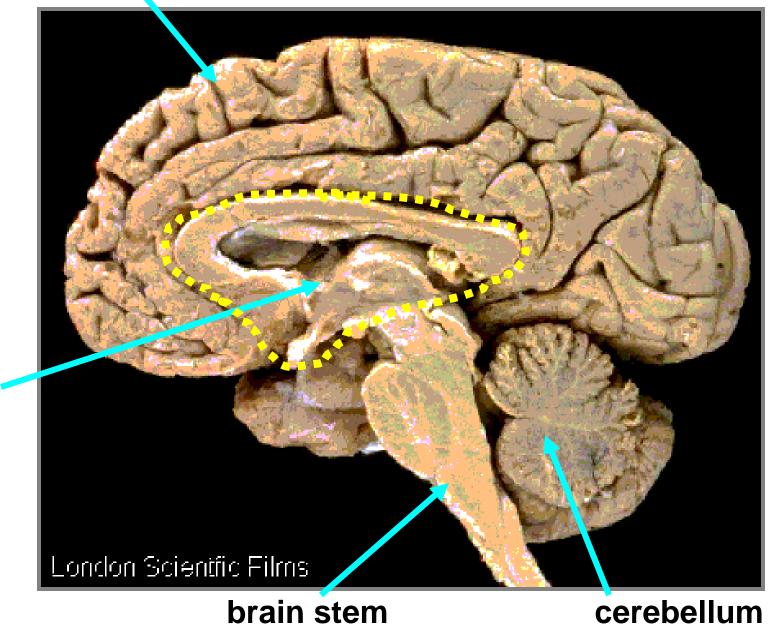
Getting mind to consider mind.

When I work with a client, I am trying to create a context in which he or she can slowly shift from a physical to a reflective or mentalizing stance...

I help people to see other people's behaviour as behaviour as *meaningful*.

A. Slade (2008)

cortex



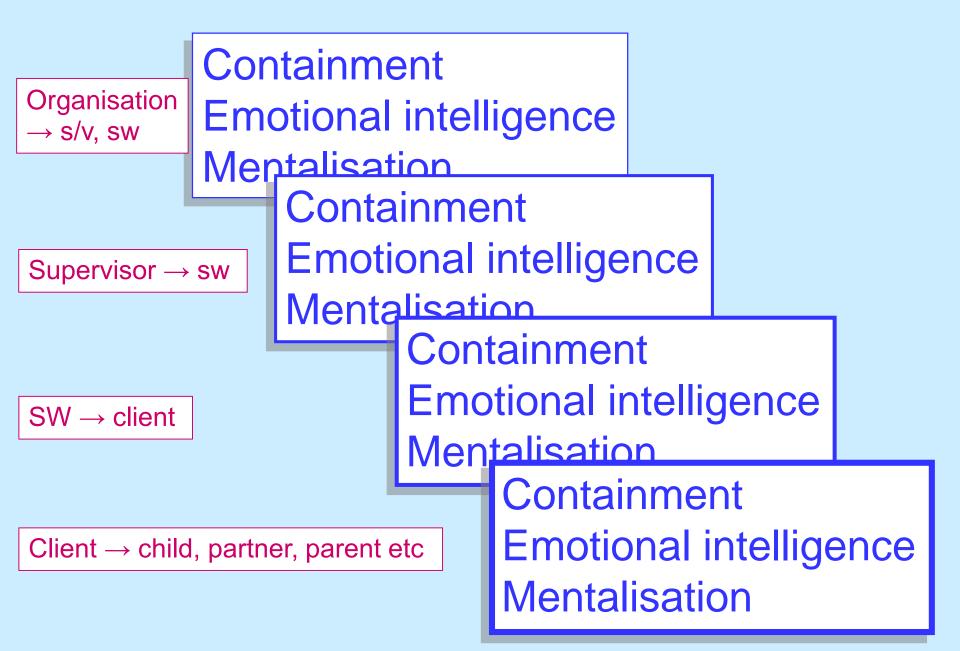
limbic system Bottom-up, inside to outside Respond to developmental age and not chronological age Relationships as the most powerful of therapeutic experiences

> behavioural and cognitive development social support and relationships peer relationships social cognition, understanding, empathy mentalising, attunement, affect regulation predictability, repetition, routines, structure safe and in control animal assisted therapies play, art, music, movement and dance therapy sensory integration treatments rocking, touch, massage





Intellectual understanding and making sense Less anxious More emotionally available Containment, safe haven-secure base, emotional intelligence, empathy, transitional attachment figure **Therapeutic alliance** The social work relationship and relationship-based practice Technique (eg strengths, solutions, MI etc)







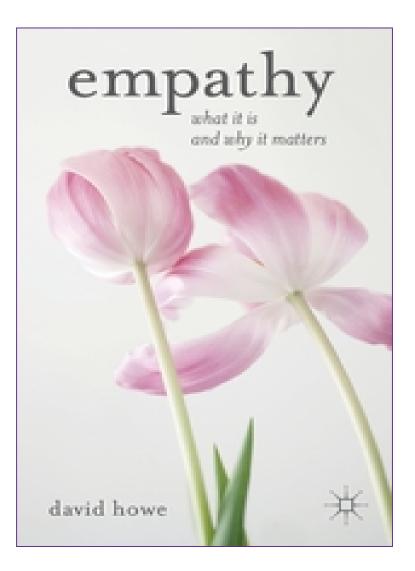
The Emotionally Intelligent Social Worker

David Howe



The Emotionally Intelligent Social Worker

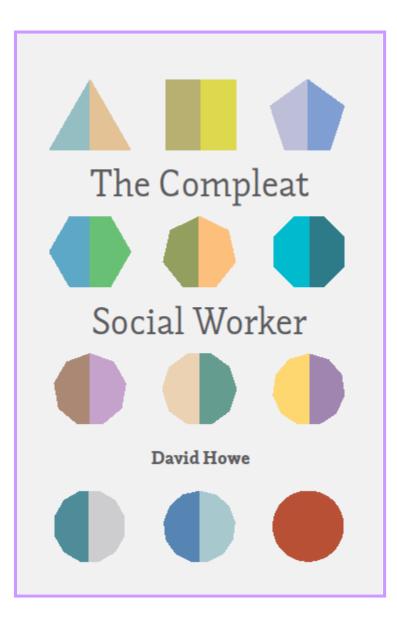
Palgrave Macmillan 2008



Empathy what it is and why it matters

David Howe

Palgrave Macmillan 2012



The Compleat Social Worker

David Howe

Palgrave Macmillan 2014