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## Empathic accuracy: measurement and potential clinical applications

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### 22.1 Introduction

*Empathic inference* is the ‘everyday mind reading’ that people do whenever they attempt to infer other people’s thoughts and feelings. *Empathic accuracy* is the extent to which such everyday mind reading attempts are successful (Ickes, 1997, 2003). To put it simply, empathically accurate perceivers are those who are good at ‘reading’ other people’s thoughts and feelings.

Empathic accuracy is a quintessential (indeed, perhaps *the* quintessential) aspect of emotional intelligence (Goleman, 1995; Salovey & Mayer, 1989; Ickes, 1997, 2003). The ability to accurately ‘read’ other people’s thoughts and feelings is a fundamental skill that affects people’s social adjustment in many different domains of their lives (Goleman, 1995). For example, Crosby (2002) found that mothers who were more accurate in inferring their own child’s thoughts and feelings had children with more positive self-concepts as family members. And with regard to people’s dating and marriage relationships, Simpson *et al.* (2001) found evidence that accurately ‘reading’ your partner in order to anticipate a need, avert a conflict, or keep a small problem from escalating into a large one is likely to be healthy and adaptive (Ickes, Simpson, & Oriña, 2005; Simpson *et al.*, 2001, 2003).

Empathic accuracy is a subarea of interpersonal perception research – a field of study that has a long tradition in psychology (Heider, 1944; Taft, 1955). In the early days of its study, researchers tended to focus on bias, error and inaccurate person perception rather than on accuracy. But even the earliest work in this area received a very tough critical appraisal. Most notably, Cronbach (1955) published an influential article detailing the various measurement artefacts that could

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compromise researchers' efforts to assess the accurate social perception of others, and this article had the unfortunate effect of initiating an immediate and precipitous decline in the study of accurate person perception. To make matters worse, the early research in this area often yielded disappointing or inconsistent results (Funder 1995; Funder & West, 1993).

For both of these reasons, the research on accuracy in person perception lay dormant for most of the next three decades. Fortunately, however, a renewed interest in the topic arose during the 1980s and has gathered strength since then (for an overview, see Hall & Bernieri, 2001). This interest is probably due in part to the transition within the field of psychology from a focus on pathology to a focus on positive psychology (Seligman & Csikszentmihalyi, 2000), in which the concept of empathy has come to play a central role.

As a broad generalization, it can be argued that interpersonal perception research began with the study of accuracy regarding stable and enduring dispositions and then gradually turned to the study of accuracy regarding more unstable and transient dispositions. The first and longest-studied area within the accuracy tradition focuses on perceivers' accuracy in judging other people's personality traits (e.g. Asch, 1946; Cronbach, 1955; Funder & Colvin, 1988; McCrae, 1982). The second and next longest studied area focuses on dyad members' accurate perceptions or understanding of each other's attitudes, values and self-conceptions (e.g. Knudson *et al.*, 1980; Laing *et al.*, 1966; Rogers & Dymond, 1954). The third and more recent area focuses on perceivers' affective sensitivity in inferring the emotional state(s) of one or more target persons (e.g. Costanzo & Archer, 1989; Ekman & Friesen, 1975; Hall, 1984; Noller, 1980, 1981; Rosenthal *et al.*, 1979). The fourth and most recent area concerns perceivers' empathic accuracy – the focus of the present chapter (e.g. Ickes, 1997, 2003; Ickes *et al.*, 1990b; Levenson & Ruef, 1992; Marangoni *et al.*, 1995; Simpson *et al.*, 1995; Stinson & Ickes, 1992).

### 22.2 Assessment: the empathic accuracy paradigm

The essential feature of the empathic accuracy paradigm is that a perceiver infers a target person's thoughts or feelings from either a videotaped record of their spontaneous interaction together (the *unstructured dyadic interaction paradigm*; Ickes & Tooke, 1988; Ickes *et al.*, 1990a; Stinson & Ickes, 1992) or a standard set of videotaped interactions of multiple targets (the *standard stimulus paradigm*, Gesn & Ickes, 1999; Marangoni *et al.*, 1995). In each case, the target individuals have previously reported the actual thoughts and feelings they had at specific points during the videotaped interaction, thereby enabling the researcher to compare the perceiver's inferred thoughts and feelings with the target person's actual thoughts and feelings in order to assess the perceiver's empathic accuracy.

### 22.2.1 The unstructured dyadic interaction paradigm

The dyadic interaction paradigm is used in studies of dyad members' ability to infer the specific content of each other's thoughts and feelings during a brief interaction period. A typical dyadic interaction study begins when the participants have been recruited for a given session. The experimenter escorts the two participants into the observation room and asks them to take a seat on a couch. The room is equipped with a concealed wireless microphone, and a video camera is also concealed in a way that enables the dyad members' interaction to be unobtrusively videotaped.

Once both participants have been seated in the observation room, the experimenter 'discovers' a reason for having to run a quick errand (either to retrieve additional consent forms or to replace a slide projector bulb that has apparently just burned out), and leaves the participants alone together. At that point, a research assistant in the control room activates the video equipment to begin taping the dyad members' unstructured interaction. Exactly 6 min later, at the end of the observation period, the experimenter returns to the observation room and the videotaping is terminated.

After probing for any evidence of suspicion, the experimenter conducts a partial debriefing. The participants are told that they have been videotaped for the purpose of studying their naturally occurring interaction behaviour. If either one or both of the participants object to having been videotaped without their permission, they may exercise their right to have the tape erased immediately. If both participants agree to release their taped interaction as a source of data, they are asked to read and sign a consent form indicating their willingness to do so.

In the next phase of the experiment, the participants are asked to view the tape of the interaction in which they have just participated and provide written records of their own thoughts and feelings during the interaction. To accomplish this task, the participants are seated in separate but identical cubicles where they each view a separate copy of the videotape. They are asked to report all of the thoughts and feelings they distinctly remember having had during the interaction, but *not* to report any thoughts or feelings that they experience for the first time while viewing the videotape. The participants view the entire interaction and stop the tape at each of those points at which they distinctly remember having had a specific thought or feeling. At each of these 'tape stops', the participants use a coding form to record: (1) the time the thought or feeling occurred (available from a time-counter overlay that is superimposed on the video image), (2) whether they were experiencing a thought or a feeling at that time, and (3) the specific content of the thought or feeling, expressed in sentence form. This procedure is repeated until both dyad members have independently recorded all of their actual thoughts and feelings during the videotaped interaction sequence.

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The participants are then asked to view the tape a second time, this time for the purpose of inferring the specific thoughts and feelings that their interaction partner reported having had at each of his or her tape stops. The research assistant who is seated in the control room pauses the tape at each of the times the participant's interaction partner reported having had a specific thought or feeling (i.e. each perceiver has a different set of tape stops that occur at the times when that perceiver's partner reported having had a specific thought or feeling). The participants write down their thought/feeling inferences at each of these tape stops.

### 22.2.2 The standard stimulus paradigm

The prototype of the standard stimulus paradigm was developed by Marangoni *et al.* (1995). These investigators studied empathic accuracy in a clinically relevant setting. In separate videotaped therapy sessions, three female clients discussed a genuine personal problem with a male, client-centred therapist. Each client knew beforehand that her therapy session would be videotaped for use in future research, and had signed a consent form granting her permission for the tape to be used for this purpose. Though simulated for research purposes, the psychotherapy sessions were videotaped 'live' without any rehearsal, and the genuineness and spontaneity of the sessions were evident in the clients' range of emotional expressions.

Immediately after their respective sessions with the therapist were completed, each client was debriefed and asked to sign a second consent form indicating her willingness to participate in an assessment of the specific thoughts and feelings she had experienced during the videotaped session. She was then seated in a cubicle, where she made a complete, video-cued record of all her thoughts and feelings during the interaction using the same thought/feeling assessment procedure described above. Edited versions of these three psychotherapy tapes were later used as 'standard stimulus tapes' that naive participants viewed for the purpose of attempting to infer the actual thoughts and feelings reported by each of the client target persons.

Other kinds of standard stimulus tapes have been developed as well. For example, in a study investigating how different levels of power affect empathic accuracy, Schmid Mast *et al.* (2006) used videotaped competitive interactions between strangers as their standard stimulus tapes. But this is only one of many possible examples. Videotapes of the unstructured interactions of strangers, friends, dating partners, marriage partners, parent-child, teacher-student, supervisor-employee, salesperson-customer pairs, etc., could all be used as the standard stimuli, depending on the goals of the particular research project in which the tapes are presented.

### 22.2.3 Obtaining a measure of empathic accuracy

To obtain a measure of empathic accuracy, we need to assess the degree to which the content of each of the perceiver's empathic inferences matches the content of the corresponding thought or feeling that the target person actually reported. This is done by having independent raters make subjective judgements about the similarity between the content of each *actual* thought or feeling and the content of the corresponding *inferred* thought or feeling (Ickes & Trued, 1985; Ickes *et al.*, 1990a). The raters' task is to compare each actual thought or feeling with the inferred thought or feeling and to judge how similar they are on a scale from 0 to 2. A rating of 0 is assigned if there is no apparent similarity in the content of the actual thought/feeling compared to the inferred thought/feeling; a rating of 2 is assigned if the same content is evident (though paraphrased or expressed in different words); and a score of 1 is assigned to all of the 'grey area' cases in between.

For each inference, the similarity ratings of all of the independent raters are averaged. In a next step, those averaged ratings are summed up across all inferences to compute the 'total accuracy points' earned by each perceiver. It is important to recognize that the 'total accuracy points' will be greater for perceivers who make many inferences than for those who make few inferences. Therefore, each perceiver's 'total accuracy points' is divided by the maximum number of possible accuracy points (number of inferences times the maximum score per inference) and multiplied by 100 to obtain a percent-correct empathic accuracy measure that has a potential range of 0 to 100. This percentage measure of empathic accuracy is conveniently scaled, easy to interpret and corrects reasonably well for differences in the total number of inferences made.

### 22.2.4 Reliability

Since several raters assess the degree of similarity between the perceiver's empathic inferences and the corresponding thoughts or feelings that the target person actually reported, one can assess *interrater reliability*. Interrater reliability in empathic accuracy studies has consistently been quite high (Cronbach's alpha), ranging from a low of 0.85 in a study in which only four raters were used to a high of 0.98 in two studies in which either seven or eight raters were used. Across all of the studies conducted to date, the average interrater reliability has been about 0.90 (Ickes, 2001).

A second way to assess the reliability of the empathic accuracy measure is in terms of *cross-target consistency*. This aspect of the measure's reliability is applicable only in the standard stimulus paradigm – that is, only in designs in which individual perceivers infer the thoughts and feelings of the same set of multiple target persons. Cross-target consistency in the first standard stimulus study

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conducted by Marangoni *et al.* (1995) was 0.86 (Cronbach's alpha) across the three target tapes used. In a more recent study using highly edited versions of the same three tapes, Gesn and Ickes (1999) reported an alpha of 0.91. These high alpha values might be partly attributable to homogeneity in the set of target persons (all three were middle-class, college-educated, Anglo-American women) and in the problems they discussed (women's relationship issues). Still, the data are compelling in their implication that the empathic accuracy measure reflects a stable and reliably assessed social skill that perceivers can apply to different target persons with a striking degree of cross-target consistency (Gesn & Ickes, 1999).

### 22.2.5 Validity

A number of *predictive validity* studies have been conducted to date. One of the first predictions tested was straightforward and commonsensical: if the procedure for assessing empathic accuracy was indeed valid, close friends should display higher levels of accuracy than strangers when inferring the content of each other's thoughts and feelings. This prediction was confirmed in studies by Stinson and Ickes (1992) and Graham (1994), which revealed that, on average, the empathic accuracy scores of close, same-sex friends were about 50% higher than those of same-sex stranger – a statistically significant difference in both studies.

In the clinically relevant study conducted by Marangoni *et al.* (1995), the predictive validity of the empathic accuracy measure was further tested with respect to two hypotheses. First, perceivers' empathic scores should be significantly greater at the end of the psychotherapy tapes than at the beginning, reflecting their greater acquaintance with the clients and their problems. Second, perceivers who receive immediate feedback about the clients' actual thoughts and feelings during the middle portion of each tape should subsequently achieve better empathic accuracy scores by the end of the tape than perceivers who do not receive such feedback. Statistically significant support for both of these hypotheses was obtained.

Establishing the *convergent and discriminant validity* of the empathic accuracy measure has proven to be more difficult and complicated. Davis and Kraus (1997) found that self-report measures of empathically relevant dispositions generally fail to predict performance on interpersonal accuracy/sensitivity tests, suggesting that it might be difficult to find self-report measures that reliably correlate with the performance measure of empathic accuracy. Similarly, Mortimer (1996) failed to find a predicted relationship between participants' scores on a cross-target measure of empathic accuracy [based on the Marangoni *et al.* (1995) tapes] and their scores on Costanzo and Archer's (1989) interpersonal perception task – the interpersonal sensitivity measure that (superficially, at least) most resembles the empathic accuracy measure in its stimulus materials and available channels of

information. The correlation that Mortimor (1996) obtained was not significantly different from zero ( $r = 0.06$ ).

This null result is similar to that reported by other investigators who have attempted to correlate different performance measures of interpersonal sensitivity with each other (Hall, 2001). The explanation for these null findings is not yet clear. It is possible that different types of interpersonal sensitivity exist that are not necessarily related to each other. At any rate, if the convergent validity of such measures cannot be established with respect to either conceptually relevant self-report measures or conceptually relevant performance-based measures, then establishing the discriminant validity of such measures becomes equally problematic, and other validity criteria (in particular, predictive validity) must be relied upon instead.

### 22.3 Clinical implications of empathic accuracy research

Writing nearly 50 years ago, Carl Rogers identified *accurate empathy* as one of the three 'necessary and sufficient facilitative core conditions' for therapeutic change – the other two conditions being the therapist's genuineness and non-judgemental caring for the client. The available research findings support the belief of clinical researchers and practitioners by showing that client perceptions of the therapist's empathy really *do* play an important role in successful psychotherapy outcomes (Greenberg *et al.*, 2001). However, appearing empathic is one thing and being empathically accurate is quite another. It is important to know whether the actual empathic accuracy of clinicians and counsellors is related to successful therapy outcomes. It is also important to know what practical implications the research on empathic accuracy might have for improving the performance of psychotherapists.

As Ickes (2003) has suggested, the most general implications involve ways to improve the selection and training of psychotherapists. More specific implications concern the kinds of cues that therapists should attend to most closely during their therapy sessions, and the kinds of pitfalls they should avoid in working with particular patient types – for example, distressed relationship partners, autistic individuals and patients with borderline personality disorder.

#### 22.3.1 Individual differences in empathic accuracy

The most important practical implication of the research on empathic accuracy is that it provides a reliable and objective method for measuring people's performance as everyday mind readers. Some of the most compelling evidence for this claim is found in the results of the previously mentioned study in which 80 undergraduate men and women attempted to infer the actual thoughts and



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feelings reported by each of three female clients who had been videotaped during their respective sessions with a male, client-centred therapist (Marangoni *et al.*, 1995). The results of this study showed that there were reliable individual differences in the perceivers' empathic accuracy – with some perceivers being consistently good, other perceivers being consistently average, and still other perceivers being consistently poor at inferring the specific thoughts and feelings of the female clients. Indeed, the average inter-target correlation of the perceivers' empathic accuracy scores (0.60) was impressively high in this study.

### 22.3.1.1 Selecting for empathic accuracy

In practical terms, this finding means that it is possible to distinguish people who are empathically skilled from those who are empathically challenged, and to then use this information as a selection criterion. So instead of selecting aspiring psychotherapists (students who have applied for advanced training as clinical psychologists, counselling psychologists, or psychiatrists) solely on the basis of their undergraduate grade-point averages (GPA) and their scores on the Graduate Record Exam (GRE), the applicants could also be required to complete a standard empathic accuracy performance test. The results of this test could then be used, along with the GPA and GRE data, to help selection committees decide which students to admit to graduate schools and other professional programmes that train aspiring counsellors and psychotherapists.

There are at least two good reasons for believing that the candidates' empathic accuracy might prove to be a uniquely valid predictor of their future 'on-the-job' performance as practising psychotherapists. First, empathic accuracy has long been regarded as one of the most important criteria for success as a psychotherapist (Rogers, 1957). Second, the available research findings suggest that the therapist's actual empathy (in addition to clients' perceptions of the therapist's empathy) really *does* play an important role in successful psychotherapy outcomes (Greenberg *et al.*, 2001). Clearly, a major advantage of the empathic accuracy research is that it offers a truly objective way to measure the therapist's empathy – i.e. by assessing how accurately the therapist can infer the actual, reported thoughts and feelings of clients who appear in a set of standard videotapes. Even better, there is evidence that such tapes can be used not only to *assess* people's empathic accuracy but also to *train* them to become more empathically accurate.

### 22.3.1.2 Training empathic accuracy

Evidence for the effectiveness of empathic accuracy training comes from the previously described study by Marangoni *et al.* (1995). Recall that the 'amateur therapists' in this study attempted to infer the actual thoughts and feelings of the three female clients who appeared in the standard stimulus tapes. To see if

immediate, veridical feedback about the clients' actual thoughts and feelings could be used to train the participants to be more empathically accurate, Marangoni and her colleagues randomly assigned half of the participants to a feedback condition in which they saw the client's actual thought or feeling immediately after they had written down their inferred thought or feeling. Compared to their counterparts in the no-feedback condition, the participants who received the feedback during the middle portion of each tape were significantly more accurate in their subsequent empathic inferences. This finding suggests that empathic accuracy can be significantly enhanced through feedback training, even over the course of a single experimental session.

To improve the effects of 'empathy training' even more, it would be useful to know what kinds of cues perceivers rely on when inferring other people's thoughts and feelings. To this end, Gesn and Ickes (1999) systematically varied the information channels that participants had available to them when they tried to infer the thoughts and feelings of the clients in the Marangoni *et al.* (1995) videotapes. By editing these tapes with the aid of an audio/video mixing board, they created three versions of the tapes – one for each of three information channel conditions. First, there was a video-and-audio condition, in which the clients on the tapes could be both clearly seen and clearly heard. Second, there was a video-and-filtered-audio condition, in which the clients could be seen but their words could not be understood because their speech had been electronically filtered so that only the paralinguistic cues (inflection, tone of voice, loudness, etc.) remained. Third, there was an audio-only condition in which the clients' video images did not appear on the blank TV monitor but their conversation with the therapist was clearly audible.

Results comparing the performance of participants who were randomly assigned to one of the three information-channel conditions showed that empathic accuracy was best in the video-and-audio condition. By comparison, there was only a small (i.e. negligible) drop in empathic accuracy in the audio-only condition. However, when the clients' words were rendered unintelligible in the video-and-filtered-audio condition but the client–therapist interaction could be clearly seen, the perceivers' average empathic accuracy was substantially worse than in both of the other conditions. These findings suggest that although both verbal and non-verbal information can be important, therapists should in most cases pay more attention to what their clients say than to their non-verbal behaviour if they want to accurately infer the specific content of the clients' thoughts and feelings.

### 22.3.2 Empathic accuracy and couples' therapy

Being able to predict the relation between empathic accuracy and relationship satisfaction and stability is the goal of Ickes and Simpson's *empathic accuracy model* (Ickes & Simpson, 1997, 2001). This model posits a general rule along with

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two major exceptions. As a general rule, it is presumed that greater empathic accuracy tends to be good for close relationships. For most everyday interactions, knowledge of a partner's thoughts and feelings should promote the kind of mutual understanding that enables partners to coordinate their individual and shared goals and actions and thereby maintain a more satisfying and stable relationship.

There are, however, two important exceptions to this rule. First, in situations in which one or both partners recognize that greater empathic accuracy has the potential to damage their relationship by revealing their partner's relationship-threatening thoughts and feelings, they can use *motivated inaccuracy* to help buffer the relationship from the dissatisfaction and instability that might otherwise occur. Second, despite realizing that greater empathic accuracy might damage the relationship, one or both of the partners might have such a strong motive to 'know the truth' that they become hypervigilant and display *motivated accuracy* with respect to their partner's unexpressed thoughts and feelings. This second exception is pertinent to individuals with insecure attachment styles (Simpson *et al.*, 1999) and/or those with 'suspicious minds' (Ickes *et al.*, 2003).

### 22.3.2.1 Motivated inaccuracy

A study illustrating the first exception to the rule (i.e. that there are times when motivated inaccuracy can help the partners' relationship) was conducted by Simpson *et al.* (1995). In this study, heterosexual dating partners individually reported their level of interdependence and insecurity within the relationship, and were then put in a situation in which each dating partner audibly rated photographs of members of the opposite sex on the dimensions of physical attractiveness and sexual appeal while the other partner was present. In addition, the dating partners were assigned to either a high-threat condition (in which all the photographs depicted very attractive individuals) or to the low-threat condition (in which all the photographs depicted individuals who were below average in their physical attractiveness).

After the rating task, the dating partners were informed that their rating session had been covertly videotaped. After separating the partners and giving them their own copy of the tape to view, they were asked to record their own thoughts and feelings during a first viewing of the tape, and then infer their dating partner's thoughts and feelings during a second viewing. It was expected that the partners in the high-threat condition (who had reason to feel more threatened by each other's perceptions) would be less accurate in their attempts to infer each other's thoughts and feelings from the videotape than the partners in the low-threat condition. The results confirmed this effect, which was particularly evident for the insecure yet mutually dependent couples who had been in the high-threat condition. These couples not only felt the most threatened during the rating session, but their average level of empathic accuracy was significantly worse than that of total

strangers and not significantly greater than chance. In contrast, the least threatened couples were those who had been in the low-threat condition, and who also described their relationship as secure and not fostering a high level of mutual dependency. Interestingly, these couples were the most empathically accurate.

But can *motivated inaccuracy* really help to buffer close relationships from the instability that would result if the partners had accurately inferred each other's relationship-threatening thoughts and feelings? To find out, Simpson *et al.* (1995) contacted the dating partners individually 4 months after they had participated in the study to determine whether they were still dating each other. The results showed that, for the group of couples in which motivated inaccuracy had been most evident, none of the couples had broken up. On the other hand, there was a nearly 30% break-up rate among the remaining couples in the study. These findings suggest that there are indeed circumstances in which partners' motivated inaccuracy can help to protect and preserve their relationships from the potentially destructive effects of a temporary threat.

What implications do these findings have for relationship therapy? According to Ickes (2003), therapists should accept the fact that the stability of many relationships is predicated on the partners' routine *avoidance* of each other's relationship-threatening thoughts and feelings.

For many couples, the implicit agreement to follow the policy of 'don't ask, don't tell' may be the primary reason why their relationship has worked as well as it has. If the therapist fails to appreciate this fact, more harm than good can be accomplished when the partners are pressed to confront their most relationship-threatening issues before they feel capable of doing so. And the risk of this harm (the therapist's intervention evoking the kinds of volatile feelings that could precipitate greater conflict or even divorce) may further increase when the therapist feels obliged to treat the couple within the accelerated timeframe of a few brief sessions that have been authorized by the bureaucracy of a managed care organization. To help minimize this risk, the therapist who wants to foster greater empathy in one or both partners should begin by having them discuss relatively benign, non-threatening issues, and then gradually introduce more relationship-threatening issues only when the partners themselves feel ready to confront them.

### 22.3.2.2 Motivated accuracy

Although motivated inaccuracy is a common defence against having to confront a relationship partner's potentially relationship-threatening thoughts and feelings, some people actually seek, rather than avoid, such confrontations. As Simpson *et al.* (1999) and Dugosh (1998, 2001) have discovered, women with an anxious attachment style become hypervigilant in relationship-threatening situations, and their hypervigilance takes the form of increased empathic accuracy. When anxious

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individuals are faced with an imminent threat to their relationship, they apparently try to 'get into the other person's head' to see how big a threat they are actually facing and what, if anything, might be done about it. Instead of being motivated to inaccurately infer the partner's potentially threatening thoughts and feelings, these highly anxious partners seem to be motivated to infer their partner's thoughts and feelings more accurately.

In the Simpson *et al.* (1999) study, the more anxiously attached women behaved as if they were compelled to know, at the first sign of threat, what their male dating partners were thinking and feeling in the relationship-threatening situation. Although their hypervigilance may have enabled them to gauge the severity of a threat more accurately, by giving them clearer insights into their partner's thoughts and feelings, it also carried a high price in terms of the corresponding emotional and relational distress it engendered. For when these women were asked about their feelings at the end of the session, they were particularly likely to report feeling jealous and threatened in the relationship-threatening situation, and to feel less close to their partner than they had at the start of the session.

More recently, a series of studies by Ickes *et al.* (2003) has focused on individual differences in the motivation to acquire relationship-threatening information. Ickes and his colleagues developed a self-report measure of the motivation to acquire relationship-threatening information (MARTI). They found that dating partners with high MARTI scores were lower in relational trust and reported engaging in more 'suspicion behaviours' such as eavesdropping on a partner's private phone conversation or calling to see if a partner was where he or she was supposed to be. Moreover, dating partners with higher MARTI scores were more likely to break up within 5 months.

What implications do such findings have for relationship therapy? According to Ickes (2003):

The therapist must realize that some people are predisposed to 'look for trouble' in their intimate relationships, and that their readiness to confront relationship-threatening issues may be part of the problem rather than part of the solution. People in this category can include women with an anxious attachment orientation, who act as if they are compelled to know their husbands' relationship-threatening thoughts and feelings, and suspicious partners who have a strong motive to acquire relationship-threatening information. Although different interventions may be required in each case, the therapist should learn to recognize these predispositions to 'look for trouble' and make them a focus of the therapy.

### 22.3.2.3 Motivated attributional bias

Recently, researchers have used the empathic accuracy paradigm in conjunction with signal detection analyses to explore the kinds of attributional biases that

contribute to interpersonal conflicts (Schweinle *et al.*, 2002; Schweinle & Ickes, 2006; Schmid Mast *et al.*, 2006). For example, Schmid Mast and her colleagues have found that men who seek a dominant role are more likely to attribute power-related thoughts and feelings to others than are men who prefer a subordinate position (Schmid Mast *et al.*, 2006). Similarly, Schweinle and his colleagues have found that men who report abusing their own female partners are more likely than non-abusive men to presume that women are harbouring critical and rejecting thoughts and feelings about their male partners. Presented with the task to infer the thoughts and feelings of the three female clients who appear in the standard stimulus tapes, the abusive men 'saw' criticism and rejection significantly more often than it actually occurred.

So far, at least, motivated attributional biases appear to be domain-specific, applying to specific aspects of one's relationships. For example, the attributional bias of abusive men applies specifically to inferences about the potentially critical and rejecting thoughts and feelings harboured by women, whereas the attributional basis of men who prefer a dominant role applies specifically to inferences about the potentially dominance-related thoughts and feelings of others. Attributional biases can be understood as lenses through which one perceives the world, and we believe that they are 'motivated' to the extent that they serve the purpose of legitimizing the perceiver's own behaviour (e.g. abusing one's spouse is perceived as justified *because* the spouse harbours critical and rejecting thoughts and feelings).

In general, we are relatively unaware of our own attributional biases when we interact with others because they take the form of overlearned 'schemas' that operate automatically, at a low level of conscious awareness. For this reason, therapeutic attempts to correct such biases must begin by bringing them to the client's attention and then helping the client to adopt a more realistic view in order to facilitate subsequent behavioural change. Because such biases often are responsible for initiating and sustaining interpersonal conflicts (e.g. by motivating power-oriented men to dominate others and by motivating ego-threatened men to intimidate and abuse their female partners), clinical interventions designed to correct such biases could potentially reduce much of the interpersonal conflict that couples and individual patients report.

### 22.3.3 Empathic accuracy and autism

Baron-Cohen and his colleagues (e.g. Baron-Cohen, 1995, 2003; Baron-Cohen *et al.*, 2001) have posited a strong link between empathic accuracy and autism, arguing that severe autism can be characterized as *mindblindness* – an inability to accurately infer, or perhaps even to recognize the existence of, other people's thoughts and feelings. Extending this claim, they have argued that the degree of

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autism varies across a spectrum that connects profoundly autistic individuals with normally developing individuals (Baron-Cohen *et al.*, 2001). More recently, Baron-Cohen (2003) has further claimed that men, on average, are more autistic-like and less empathically accurate than women.

Curiously, the last of the claims seems to have been made without regard to the relevant empathic accuracy research, which has revealed no evidence of a reliable gender difference in empathic *ability* for participants in the mostly normally developing college student samples that have been used in this research (see Ickes *et al.*, 2000). On the other hand, the empathic accuracy literature has revealed some preliminary evidence for a reliable gender difference in empathic *motivation*, suggesting that women may be more easily motivated than men to do their best on empathy-related tasks (see chapter 6 of Ickes, 2003; Klein & Hodges, 2001). There is no doubt, however, that when autism is profound enough to be recognized and diagnosed, its victims are much more likely to be male than female, with a sex ratio of four to five autistic men for every autistic woman (Baron-Cohen, 1995).

With regard to the first two claims by Baron-Cohen and his colleagues, it is beginning to appear that the degree of 'autistic-like behaviour', as assessed by their autism spectrum measure (Baron-Cohen *et al.*, 2001), is not linked to empathic accuracy. In recent studies conducted in Belgium with young adults (Ponnet, 2004) and in the United States with early adolescents (Gleason *et al.*, 2004), the participants' scores on the autism spectrum measure were not significantly correlated with their global empathic accuracy scores. Moreover, in Gleason *et al.*'s (2004) study, the two variables were found to make *independent* contributions to social adjustment, such that the poorest adjustment was evident in the adolescents who had low empathic accuracy and high levels of autistic-like behaviour.

The implication of these findings for therapists who work with autistic individuals is that they should resist the temptation to equate autistic-like behaviours with impaired empathic accuracy, as these two characteristics seem to vary independently of each other within the upper (i.e. more normal) range of the autism spectrum. On the other hand, individuals who display both low empathic accuracy and high levels of autistic-like behaviour appear to be particularly at risk for problems in their social development, and early intervention may be needed in order to minimize the negative consequences of these attributes.

### 22.3.4 Empathic accuracy and borderline personality disorder

With regard to therapy involving patients with borderline personality disorder (BPD), the results of a study by Flury and Ickes (2006) appeared, at first glance, to confirm what clinical practitioners have long suspected: that BPD patients are above average in their ability to infer other people's thoughts and feelings. In this study, same-sex dyads were created in which one of the members scored high on a

measure of BPD symptomology, whereas the other member scored low. Although the higher-BPD members were more accurate in 'reading' the thoughts and feelings of the lower-BPD members than vice versa, this effect was no longer significant when the authors controlled for a corresponding difference in the inferential difficulty of the dyad members' reported thoughts and feelings. The authors concluded from this pattern of results that people with BPD symptoms are not, on average, more empathically accurate than those without. They do, however, enjoy an empathic advantage over their conversation partners because their own reported thoughts and feelings are atypical and quite difficult to 'read' in comparison to those reported by their non-BPD interaction partners.

The implication of this finding for therapists is that they should guard against presuming that they can accurately infer the thoughts and feelings of their BPD patients. Instead, they should assertively and continually question these patients about the contents of their thoughts and feelings, which are likely to offer repeated surprises and unexpected insights. Indeed, including atypical, hard-to-infer thoughts and feelings as one of the characteristics of BPD in future versions of the *Diagnostic and Statistical Manual of Mental Disorders* might help to spread the word about this newly identified aspect of BPD.

## 22.4 Summary

Empathic accuracy is a skill in which individuals differ greatly: some people are good, others are average, and still others are poor at correctly inferring the specific content of other people's thoughts and feelings. Despite these pre-existing individual differences, there is evidence that individuals can be trained to achieve a significantly higher level of empathic accuracy within a relatively short period of time. The empathic accuracy paradigm described in this chapter provides an objective measure of empathic accuracy and a related set of methods that can be used to train people to improve their skills in 'everyday mind reading'.

Empathic accuracy is also a key element for clients who wish to effect change in distressed social relationships. Relationship problems are ubiquitous in therapy and counselling situations, and the role that empathic accuracy plays in relationship dynamics is particularly important to understand. In couples, knowing what the partner thinks or feels is generally desirable and should be encouraged by therapists. However, there are circumstances in which *not* knowing what the partner thinks or feels can help to protect and preserve vulnerable relationships from destabilizing threats. Research suggests that the buffering effect of *motivated inaccuracy* is most pronounced in insecure and mutually dependent partners who find themselves in circumstances in which their relationship is threatened. For these individuals, 'not knowing' their partner's thoughts and feelings is sufficiently



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adaptive that the therapist must proceed with extreme caution, and encourage self-disclosure about relationship-threatening issues only gradually.

On the other hand, there are individuals who are so obsessed about wanting to know their partner's potentially relationship-threatening thoughts and feelings that they display *motivated accuracy* instead. Women with an anxious attachment style and suspicious men and women are particularly likely to display motivated accuracy. By trying to 'get into their partner's head' and anticipate their partner's every move, these people experience considerable jealousy and distress, and they may paradoxically jeopardize the very relationship that they so desperately want to save. Therapeutic intervention in this case should emphasize the virtue of cultivating a sense of *discretion*, i.e. of knowing when to get inside one's partner's head and when to stay out of it.

When perceivers consistently misread other people's thoughts and feelings as if through a distorted lens, there is reason to suspect the operation of a *motivated attributional bias*. For example, abusive men overestimate the degree to which women harbour critical or rejecting thoughts and feelings about their male partners. This bias can damage a relationship in that abusive men often use it to legitimize their own abusive behaviour. Therapeutic intervention aimed at correcting such distorted views is particularly important in this case because many abusive men appear to be unaware that their perceptions are biased at all. Beyond this example, there likely exist other domains of motivated attributional biases that are characteristic of specific psychological disorders (e.g. the tendency of schizophrenics to overattribute controlling thoughts and feelings to others).

Therapists and clinicians need to be put on guard against clinical stereotypes which suggest that people with certain disorders are particularly good (or bad) in their empathic accuracy. For example, it has been proposed that autistic individuals are particularly poor and that individuals with borderline personality disorder (BPD) are particularly good at inferring other people's thoughts and feelings. The relevant empirical evidence has not confirmed these simple claims, but has instead revealed that more complicated and refined views are needed.

First, apart from the most extreme and obvious cases, individuals throughout much of the 'autism spectrum' seem to vary substantially in their empathic accuracy skills. Nevertheless, when pronounced autistic symptoms are paired with low empathic accuracy, social development and adjustment are substantially impaired.

Second, countering another clinical stereotype, individuals with BPD are generally no better (or worse) than others when it comes to inferring other people's thoughts and feelings. However, people with BPD are particularly hard to 'read' because their thoughts and feelings are so atypical. In general, it would be helpful for therapists to know how hard (or easy) it is to infer a patient's thoughts and

feelings depending on the specific disorder the patient is diagnosed with. This information could help therapists determine how much they can trust their own intuition and how much careful and unbiased questioning may be needed to form an accurate impression of the patient.

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