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Advanced Empathy in the Early Years – a Risky Strength?

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NZ International Research in Early Childhood Education Journal

Empathy is commonly accepted as an essential skill for early childhood practitioners and the importance and benefits of empathy are widely understood. However, there is evidence to suggest that the use of advanced empathy techniques can lead to stress and 'compassion fatigue' in some practitioners; thus, it can be a 'risky strength'. The aim of this study was to identify the use of advanced empathy among practitioners and to then identify the emotional impact of this work on their lives. This small-scale research suggests that there is indeed an emotional cost to practitioners and that many practitioners are struggling to find a work life balance. Although the participants described a wide variety of coping mechanisms there is clearly still a need for focussed and consistent support within the profession. There is also a need to include emotional resilience education in training and professional development courses.

Advanced empathy in the early years – a risky strength?

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Abstract

Empathy is commonly accepted as an essential skill for early childhood practitioners and the importance and benefits of empathy are widely understood. However, there is evidence to suggest that the use of advanced empathy techniques can lead to stress and 'compassion fatigue' in some practitioners; thus, it can be a 'risky strength'. The aim of this study was to identify the use of advanced empathy among practitioners and to then identify the emotional impact of this work on their lives. This small-scale research suggests that there is indeed an emotional cost to practitioners and that many practitioners are struggling to find a work-life balance. Although the participants described a wide variety of coping mechanisms there is clearly still a need for focussed and consistent support within the profession. There is also a need to include emotional resilience education in training and professional development courses.

Key words: Empathy; early childhood; professionalism; compassion; stress; coping.

Introduction

The ability to empathise with others has long been accepted as a valuable aptitude for those working with people. Empathy has positive consequences for successful social interactions and relationships (Panfile & Laible, 2012) and it enables us to build supportive relationships with others. Empathy is one of the 'core conditions' illustrated by Carl Rogers (2004), along with 'congruence' and 'unconditional positive regard'. Rogers (1980) described empathy as the "sensitive ability and willingness to understand the client's thoughts, feelings and struggles from the client's point of view" (p. 85). Being able to understand how another person may be feeling, to 'see the world through his/her eyes', to 'walk a mile in his/her shoes' is acknowledged as contributing to successful relationships. This ability to recognise how people feel is important in all aspects of personal and professional life (Akers & Porter, 2003, p. 66) and there is much literature about the use of empathy in nursing, social work and teaching (Cameron & Maginn, 2007; Hoisington, 2003; Irving & Dickson, 2004; Morse, Bottorff, Anderson, O'Brien, & Solberg, 2006; Pierce, 1982) not solely in counselling therapy. The requirement for students/trainees learning to 'demonstrate empathy' in the profession they aim to join is found across these disciplines.

Empathy is one of the principles that underpin working with children. Empathy enables us to understand a child's actions and reactions, with the best practitioners being able to empathise with children, families and other members of staff (Boddey & Hodgkins, 2015, p. 81). The importance of empathy is recognised within Early Childhood Education (ECE); it is a crucial characteristic of a profession comprising people who care for dependent and vulnerable children. The issue of the professionalisation of the ECE workforce over the past two decades has been troublesome, with the requirement for further education and qualifications. Much has been written about the matter of 'professionalism' in relation to ECE practitioners (Osgood, 2010; Taggart, 2011), yet caring for other people's children, "supporting young human beings with compassion and cultivating a healthy society" (Taggart, 2013) is surely the most important of roles.

Types of empathy

Various types of empathy have been described in literature. Belzung (2014) suggests three levels of empathy, the first being primitive empathy with an 'emotional contagion' (p.179). An example of this is where a child yawns and the others in the group also yawn; or a baby in a nursery cries, and others begin to cry. This level of empathy is not conscious. The second level of empathy is where there is a capacity to be worried about another person. An example of this could be where a child will want to help another child who is crying. The child will, to some extent, feel what the other child is feeling (emotional contagion), and will also have a desire to help. The third type of empathy, according to Belzung, is 'cognitive empathy', where one understands the feelings of others. This requires the person to be able to imagine being in the other's shoes, to look at the world through another's eyes. This type of empathy requires 'theory of mind' and enables us to act without the emotional contagion. It is based on our ability to understand how another person may be feeling, by imagining how the situation would feel to us. For example, if we see another person hurt, we can imagine how the pain must feel to the person and so we want to help. This is what the majority of people understand as empathy. (p.26). There is a range of other types of empathy described in counselling theory; instinctive empathy, relational empathy, experiential empathy, primary empathy, compassionate empathy and advanced empathy (Hoffman, 1990; Rogers, 1951; Wong, 2004). The skill of advanced empathy is one that is seen extensively in ECE settings.

Advanced empathy

Advanced empathy involves picking up and offering back unstated feelings recognised from body language or voice tone. This is potentially much more powerful than basic empathy as the other person may not be consciously aware of these feelings. Advanced empathy, according to Egan (2013), is 'a composite skill which is a very elegant and satisfying to use. The intention is to read between the lines....an interpretive skill' (p.48). Advanced empathy is more than empathy; an empathic person, when presented with a person who says they are upset, for example, will try to put him/herself in that person's position and try to understand how they feel.

In work with adults, advanced empathy is about becoming aware of feelings that are deeply buried in the other person's sub-conscious; feelings that may not be perceived by them or which may have been forgotten (Egan, 2013). With young children, however, it is about being aware of feelings that the child is not yet able to understand or articulate. It concerns picking up on unspoken signals and reflecting back; Egan (2013) identifies as having 'a conscious awareness of subtle primitive signs that serve as a way of communicating emotional states' (p.76). In ECE practice, practitioners do this, often without realising that what they are using is advanced empathy. The relationship between a young child and his/her caregiver involves being able to read signals from the child, based on knowledge of that individual child. When a young child is upset, the practitioner will often know what is wrong without there being a specific sign; the practitioner, in being sensitive and 'tuned into' the child, is often able to understand what the child is feeling, by being sensitive and as Rogers (1980) says 'sensing meanings of which he or she (the child) is scarcely aware' (p.142). Wong (2004) calls this listening with a 'sixth sense'. This sixth sense is very closely connected to intuition, as described by Claxton (2003) who explains the use of implicit learning and sensitivity as unconscious 'ways of knowing' (p.33). This sort of advanced empathy is present in attached parent-child relationships, and the keyworker-child relationship mirrors this in many aspects; empathy being associated with attachment and good quality care.

With children under three years of age, who are not yet able to articulate their feelings or needs, advanced empathy can pre-empt emotional outbursts and find ways to support children's emotional development. Practitioners can use their skills to articulate feelings that the child cannot yet clearly perceive (Kelly as cited in Egan, 2002). Luhrmann (as cited in Hoisington, 2003) proposes that constantly being put in the position of hearing others' emotions might help practitioners to develop their empathic senses more accurately. McCarthy-Veach, Leroy and Bartels (2007) suggest that in a counselling situation, advanced empathy is best used tentatively and only a well-established relationship; in a keyworker/child relationship, the relationship is a well-established close one and it needs to be so, and so using the skill is appropriate.

The benefits of using 'advanced empathy' in ECE settings are apparent. Practitioners know that young children need emotional security and a s attachment to a key person in the setting. Bowlby's (1969; 1988) work identifies that practitioners agree that attachment security stems from a child understanding and trusting that the caregiver will be available and responsive in times of distress. A figure who consistently, sensitively, and appropriately responds to a distressed child will promote a secure attachment (Ainsworth & Bowlby, 1991). Taggart (2013) identified ECE workers as 'agents of compassion'; and a key component of feeling compassion for others is empathy.

A risky strength?

Many writers including Osgood (2004), Page (2011) Taggart (2011), emphasise the importance of the deployment of altruism, care and love in ECE contexts and the personal costs for individuals (Elfer, 2008). Indeed, there is evidence that as soon as empathy develops in childhood, it can become 'self-sacrificial', as Zahn-Waxler and Van Hulle's (2012, p.321) research into the link between empathy and depression (particularly in females) evidences. This study suggests that using empathy can interfere with the development of social and emotional development and that it can lead to feelings of guilt, when we are not able to make a difference to others, a belief which can then lead to depression.

Working with young children is impossible without compassion, a discourse that has been accepted since Bowlby's (1969) research into attachment suggested that compassionate practitioners appeared to produce compassionate, securely attached children (Taggart, 2016). Compassion and empathy are seen as natural dispositions of good staff (Osgood, 2010). In fact, staff working in the ECE sector are often idealised as 'loving children and having endless patience' (Elfer, 2008, p. 365). Advanced empathy is closely associated with compassion, and the emotional demands of working with young children and their families can lead to exhaustion and burnout, which Taggart (2013, para 9) refers to as 'compassion fatigue'. Taggart asserts that 'the daily experience of alleviating the suffering and dependency of others' is as evident in ECE practice as it is in health and care professions. The increase in collaborative working practices; working with colleagues, other professionals and families can also cause emotional overload, as practitioners are urged to work together in an integrated and harmonious way (Elfer, 2012).

Tone and Tully (2014) warn that, although empathy is a strength, it can be a 'risky strength', with the internalising of others' pain causing stress and depression in some vulnerable practitioners. Therefore, working with others who are in distress and in need of comfort (as children so often are), can lead to the internalising of problems in practitioners who do not have well established coping skills. Tone and Tully (2014, p.1553) identify 'self-focussed comforting responses' and 'self-focussed rumination about one's role in the observed distress' as being two factors that can exacerbate stress. Therefore, it is vital that

practitioners identify stress and develop personal strategies in a personal 'mental health toolkit' (Hodgkins & Watson, 2017, p.37)

Effects of emotion on practitioners

There is abundant evidence demonstrating that working with, and empathising with, vulnerable people can cause stress and 'burnout'. This is widely documented in Social Work literature (Cameron & Maginn, 2007; Wilberforce et al., 2014) and Nursing literature (e.g. Morse et al., 2006; Irving & Dickson, 2004) and in recent years, there has been research evidence of stress in ECE practice (Elfer, 2008; 2012; Taggart, 2013; 2016). All of these 'caring' professions are vocational and, as Taggart asserts, 'the call to vocation, as in all professions, is also a double-edged sword, often synonymous with self-sacrifice or burnout rather than job satisfaction' (Taggart, 2016, p. 86).

There seems to be an acceptance that practitioners are drawn to these roles as they want to care for people and so they are expected to have both empathy and 'endless patience' (Elfer, 2008, p.365). In reality, though, the profession can be challenging and stressful and there can be a negative impact on people's lives. Taggart (2013) refers to the 'compassion fatigue' experienced by ECE practitioners as being comparable to that of health care or relief workers. The ECE workforce is diverse with practitioners coming from a myriad of backgrounds and qualifications, and this can cause conflict, or stress arising from submerging this conflict (Elfer, 2012, p.130). Moyles' (2001, p. 81) discusses a 'paradox' of passion versus professionalism, where practitioners are expected to be both emotional/loving and also professional; the role therefore being a confusion of expectation.

ECE practitioners care for and nurture the children in their care, and there may be stress present for the majority, but the reactions to stress in individuals is varied, and is dependent on factors such as resources, physiology and resilience. Some individuals are more able to manage their emotions then others and some are more likely to admit the way they are feeling and access help and support than others.

Rationale

Previous (unpublished) small scale research within a nursery setting had identified many incidents of practitioners' use of advanced empathy when caring for children during routine activities. Practitioners were clearly aware of feelings that the children were not yet able to understand or articulate, and evident in their ability to distract children when they sensed potential anxiety or frustration in the children. It was apparent that practitioners were noticing primitive signs from the children, which served as a way of communicating emotional states. Staff were 'sensing meanings of which... (the child) ... is scarcely aware' (Rogers, 1980 p.142).

An unexpected additional finding arose from discussion with staff following the project. Feeding back research conclusions about the use of empathy prompted one staff member to express the fact that building this kind of emotional connection with children can be tiring and can lead to what she called 'compassion fatigue'. Informal discussions with colleagues and students highlighted this to be a concern for others, which led to further research being undertaken. In my role as senior lecturer and course leader of a Bachelor of Arts programme in 'Integrated Working with Children and Families' at the University of Worcester, I have contact with a wide range of practitioners and so I aimed to find out if this was a common view. Reading Tone and Tully's (2014) article entitled Empathy as a Risky Strength also ignited interest in this aspect of empathy. Therefore, following on from the small-scale project, further research with practitioners was embarked on.

Methodology

Aims and Method

The aims of the research were to find out;

1. To what extent do ECE practitioners recognise the importance of, and their use of, advanced empathy skills?
2. To what extent do ECE practitioners recognise use of empathy causes them stress?
3. What sources of support do ECE practitioners utilise?

The intention of this research was to access the views of current ECE practitioners who are students within the Centre for Children and Families at the University of Worcester. Students were informed about the research and invited to complete an anonymous online questionnaire of qualitative questions relating to empathy, using the Bristol online survey platform. Data extracted from the 54 responses were kept confidential. Students were fully informed of the nature of the research and offered a copy of the completed research. Students were invited to give their contact details if they were willing to participate in a focus group. A focus group of five participants was selected from these participants. The research was scrutinized by a University of Worcester Ethics Committee (2014) and underpinned by a protocol which included strategies for participation and withdrawal by participants. Current students who participated in the focus group have given their permission for their real names to be used in this paper.

Results and discussion

Expectations

Results from the survey showed that 31 of the 54 participants (86%) said that they were 'extremely sensitive' to the needs of children, with the other 23 (14%) being 'sensitive'. They felt that empathy was either essential (85%, n= 46) or important (15%, n= 8). One participant said, 'if you don't love children and have endless patience, you are in the wrong job'; another noted that 'you have to love and care about the children in your care to make them feel secure and nurtured'. Words like 'love', 'care', 'secure', 'nurturing' and 'passion' were well used in responses. There seemed to be very high expectations of the levels of patience required, e.g. 'endless patience is a must…you definitely need passion to work in the ECE sector, it's not for the faint hearted'.

However, there was some evidence that the demonstration of feelings was at odds with being a professional, as one respondent said, 'On the whole, I believe you have to have a caring and patient nature, but we all have times where professionalism will override our feelings'. This suggests that there is a tension between being a 'caring' person and a 'professional', as identified by Moyles (2004). It appears that practitioners expect to have to give of themselves as working with children is a 'vocation'. This result supports Taggart's (2016, p.86) view of the vocational aspect of the profession leading to self-sacrifice or burnout.

Effects

Survey participants were open about the amount of emotional stress that their work caused, with 6% (n= 4) saying they always felt stressed, 32% (n=17) often feeling stressed, 51% (n= 28) sometimes feeling stressed. When asked about depression, 32% (n=17) of participants

said that work made them feel depressed often or sometimes. One respondent said, 'my work does wear me out; I feel tired all the time', reinforcing the presence of 'emotional demands of nursery interactions' (Elfer, 2012, p.130).

Some caregivers described how stress at work affects their home lives too:

> If there's been a difficult issue, I dwell on it if a child has been upset. Sometimes my 'patience bucket' has been well and truly drained at work and this can make me short with my own children – not something to be proud about.

Other participants wrote about not being able to 'switch off' at home, empathising with a child or family leading to emotional overload, resulting in not having the energy to socialise, family members being affected by their bad mood after work and of becoming resentful.

Responses from the focus group, told a similar story. One of the focus group contributors, Kelly, empathises with the children she works with, and with her colleagues said she often feels like 'an emotional sponge', adding;

> I just observe all emotion and absorb all emotions and so if I'm with somebody that's very negative, I am automatically in a bad mood. I find it hard to come out of that as well, so it might only impact them for a short time whereas for me, I find it really hard then to get back into a good place. So, it really does affect me.

Rachel also talked about 'taking on too much of other people's emotions …. it changes my own perspective and impacts on my life'. These two comments are evidence of the 'self-focussed rumination' described by Tone and Tully (2014, p.1553).

It appears that it is often the demands of the job role, rather than interactions with the children that caused stress, particularly the changing demands of the job role. One survey respondent said:

> Complex recording and computer systems that generate data seem to have replaced quality 1:1 work with families. Most workers complete work at home which affects their work/life balance. It's hard to switch off with a huge 'to do' list. I also feel guilty if I don't work at home.

Another respondent said that her stress came, not from working with children, but from professional isolation and 'the lack of understanding or value attached to ECE from colleagues/managers within the school.' This appears to relate to the paradox between passion and professionalism (Moyles, 2001) and the problems relating to ECE workers being seen as 'professionals' in their own right. Other responses described the pressures of changes in inspection, legislation, policy and funding causing a feeling of being overwhelmed. One respondent explained that she tries to have one or two evenings a week free of working and planning at home, a pattern of working which evidences the excessive demands of the job.

Several participants in the focus group reported poor health resulting from work stress, for example:

> Having recently been diagnosed with work stress, I can relate to how work impacts on our personal lives. When work is always on my mind, it's difficult to make space for other things and this leads to me feeling resentful of my job.

Another reported that 'everything becomes about work, which is extremely unhealthy and significantly impacts on my emotional wellbeing'. Participants talked about being preoccupied with children and families' needs and then not having the energy to go out and socialise themselves.

Support

All survey participants reported that they were able to source support for their emotional well-being. For 36% (n=19) of them, this support came from colleagues, for 24% (n=13) support was from their manager and for the rest, support came from family and friends. The support appeared to be in the form of having someone to listen, and/or having an opportunity to 'off-load' some of the emotional baggage of the day. One respondent said

> I have taught myself to express myself and the anxiety and stress that I am feeling. Without this, I feel that I would not cope with the pressures of work and the processing and reflection of my daily working practice.

The words used; 'processing and reflection' are very interesting, giving a clear picture of the thought processes that continue, sometimes long after the working day has ended, another example of Tone and Tully's (2014, p.1553) 'self-focussed rumination'.

Coping Mechanisms

A wide range of coping mechanisms was identified within survey responses, from hot baths with glasses of wine, to working on an allotment. In the focus group, we discussed this in more detail. Karen talked about going for a run or listening to music to alleviate work stress. Rachel talked about cleaning her house when she needed to 'work off some emotions'. Rachel suggested that coping mechanisms were personal to the individual.

> It's about finding your coping mechanism and making sure you know yourself and your own boundaries because you end up giving so much away, there's not enough left for you. Knowing yourself and knowing what your own barriers are is important.

Knowing your own boundaries is something we often talked about in class, the importance of knowing what you can cope with and protecting yourself from things that will be too difficult for you. This subject arose recently in a safeguarding lesson, where students were urged to only read what they needed to and that they did not need to read all of the details in every serious case review for example. In this way, self-knowledge leads to self-protection. Faraza had good self-knowledge and she was able, in her focus group discussion about coping mechanisms, to explain what helps her (reflective writing) and why she has always done it.

> It helps, not just understanding my emotions but linking that with understanding someone else as well – how they reacted and how would it feel for me to be in that position. To a certain extent it has shaped who I am because as a little girl I started writing when my Dad died, to understand why things have changed.

Faraza has passed this constructive coping mechanism on to her son, who, at the age of seven, already uses reflective writing to express his thoughts and feelings. Faraza says:

> When my son struggles I tell him 'write it down or draw your emotions and see how you feel …. helping him understand and teaching him about emotions …. it's his way to cope and he now does do a lot of reflective writing.

This idea of writing reflectively is one that is widely accepted as being a positive and creative way of finding about one's self and one's emotions (Bolton, 2010; Moon, 2010). Faraza says:

> It's just a form of release, it helps me, and then I read it and it gives me a completely different perspective when I'm calm, when I haven't thought about it for some good time, then I start writing and I write so much and it's good. And later I might look at it in a completely different way and I learn from things.

Karen agreed that reflection was important for practitioners, saying:

> They would need to reflect on their moods and what helps them 'What got me over that because I was feeling down here and now I'm ok?' and that's probably where reflective writing would come in.

However, not everyone uses coping mechanisms all the time; sometimes coping comes from disallowing the emotion from surfacing until a more appropriate time, as Kelly explained:

> For me I just have to try and be even more positive, it's almost like I'm lying to myself 'you're happy, you're fine, you love your job!' but you know, it's hard.

This comment, both a 'self-focussed comforting responses' (Tone & Tully, 2014, p.1553) and an acceptance of the stress that comes with the job, reiterates Taggart's (2016, p.86) identity of a vocation being synonymous with self-sacrifice.

Practitioners' needs and recommendations

The focus group discussed whether professional courses for people working with children should include education on how to alleviate or cope with work stress. As part of nursing education programmes, it is usual to have a module on developing emotional resilience (University of Worcester, 2018), but this is not included for ECE practitioners. Kelly thought that this would be useful as it would help practitioners to identify their own needs; Faraza agreed that coping with stress was a life skill and essential for anyone working with people. Including this in practitioners' education could contribute to improved regulation of responses, leading to the healthy 'well-regulated empathy' that Tone and Tully (2014, p.1547) recommend. Healthy empathic development (Tone & Tully, 2014) needs to be nurtured, especially in individuals with 'strong proclivities for empathic sensitivity' (p.1558). There is insufficient research available relating to compassion fatigue and how to promote self-care, therefore more research into prevention interventions would be apposite (Webb, 2017).

It was identified that the emotional aspect of the work, creates a need for a more defined model of professional supervision/debriefing of practitioners within ECE, as is common practice in other professional disciplines working with families with complex needs (Richards, as cited in Reed & Canning, 2012). Professional supervision for counsellors and social workers includes regular opportunities for people to talk through their work with people and to deal with emotionally challenging issues within the workplace. Supervision should take place regularly and within a supportive relationship, where staff can be supported in reflecting on their work (Goulder, 2013).

This focussed supervision of practitioners is required in ECE settings, but inconsistency was evident in the discussion, with some settings providing very little in the way of emotional support for practitioners. Practitioners who are working closely with vulnerable children and families, and who are using advanced empathetic skills need to be able to talk through their feelings and the impact on themselves to a trusted and experienced adult in a confidential environment. One respondent reported that the only contact she had with her supervisor is once a year when she is emailed a "supervision form" which she completes and emails back. This practitioner then relies on her family at home to "offload" the emotions of the day's work.

Reflection was a common theme in both the survey and the focus group, particularly in the focus group discussion with Faraza about reflective writing. Empathy is closely related to reflection (Bozarth as cited in Irving & Dickson, 2004), another underlying principle of ECE work. Bozarth describes reflection as being one of the ways that empathy can be manifested. Reflection involves thinking about feelings in order to develop new insights (Appleby, 2010)

and the requirement of the practitioner to continually review and reposition assumptions (Hanson, 2012) is heavily dependent on the practitioner's ability to feel and to think about those feelings. Having empathy, and therefore, being able to read children's feelings effectively, is paramount to the reflective practitioner, and reflection and emotion intrinsically linked. Elfer (2012) puts the case for 'emotionally attuned forms of professional reflection' (p.131) as an intrinsic part of professional discussion. Coping is a skill that everyone needs to develop and in order to accomplish this, there must be communication and mutual respect. As Aldwin (2014) states 'Open communication and empathy with our colleagues and work teams are the keys to a supportive community that looks after its members' (p.357).

For ECE practitioners, there is a need for developing resilience and preparing for the emotional labour of the work (Taggart, 2011). Research participants agreed that education on developing resilience and coping with the emotional demands of the work would be a beneficial addition to education.

Conclusion

To conclude, practitioners report that they are using advanced empathy skills in their interactions with young children, although this is often done unconsciously. Practitioners spend time getting to know children and families and they utilise their emotions when reflecting on their working relationships.

The use of advanced empathy by practitioners enables practitioners to pick up on unspoken signals which may indicate a child's discomfort, resulting in a more child-centred experience. However, the emotional necessity of the work, and the use of advanced empathy skills also contributes to practitioner stress, which impacts negatively on their lives. This research shows that ECE practitioners recognise the links between using empathy and stress within the workplace. They have given clear examples of ways that their close empathic relationships impact on themselves and their home life.

There is evidence within this research that ECE practitioners are utilising support, both from within the workplace and outside, with family and friends. A multitude of strategies are used, including exercise, music and reflective writing. Although individuals develop their own coping mechanisms, it seems that there is a need for more structured and meaningful supervision of ECE practitioners within work places and an opportunity to talk through their feelings and emotions and to reflect on these in a positive way which builds resilience. In the education of ECE practitioners/educators, there is a need for acknowledgement of the emotional impact of the profession, and instruction on coping and support mechanisms. Further research is needed in relation to the prevention of compassion fatigue (Webb, 2017). Kornfield (1996) quotes The Buddha as famously saying; 'If your compassion does not include yourself, it is incomplete', therefore caring for one's self is a vital part of ECE practitioners' work.

Acknowledgements

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