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The empathetic landscape: Examining the role of empathy in the well-being of counsellors and psychotherapists working with trauma

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Abstract

Introduction: Counsellors and psychotherapists working with trauma experience constant exposure to clients' adverse events, placing their well-being in jeopardy. The pivotal role of empathy in maintaining their well-being is underscored, given the imperative for these professionals to sustain empathetic engagement with clients. However, prior research has solely focussed on other helping professions.

Methodology: This study employed semi-structured interviews to explore the subjective experiences of 14 psychotherapists and counsellors in trauma-informed settings regarding the role of empathy and its implications for well-being. Reflexive thematic analysis was utilised to analyse these data.

Results: Three main themes were identified from the analysis: Empathy is crucial, empathy as a risk factor and empathy can be regulated and developed.

Conclusions: The study's findings reinforce previous research and provide new insights into empathy's development and management in the context of professional trauma work.

KEYWORDS
counsellors and psychotherapists, empathy, qualitative research methods, trauma, well-being

1 | INTRODUCTION

Counsellors and psychotherapists regularly encounter their clients' adverse events, heightening their susceptibility to work-related stress, and compromising their well-being (El-Ghoroury et al., 2012). Well-being, encompassing positive emotions, life satisfaction, fulfilment and positive functioning (Huppert, 2017), is critical for personal and professional development, especially in trauma-informed settings with secondary exposure to traumatic content and high empathy demands (McKim & Smith-Adcock, 2013) as well as for service quality (McFadden et al., 2014).

Therefore, research, training and policies must prioritise therapists' well-being.

Research on working with traumatised individuals (Cohen & Collens, 2013) highlights *vicarious traumatisation* (VT), describing it as the 'profound psychological effects that can be disruptive and painful for the helper and can persist for months or years after the work with traumas' (McCann & Pearlman, 1990, p. 133). Professionals working with traumatised clients face an elevated risk of VT (Sprang et al., 2011). Given the link between VT and empathic engagement (Zaccari, 2017), exploring the role of empathy and its relation to well-being is essential.

Trauma professionals, crucial in fostering therapeutic relationships, require high empathy and sensitivity to clients' emotional needs (Sui & Padmanabhanunni, 2016). Empathy, a pivotal requirement for therapists, facilitates an active exploration of clients' difficulties, aiming to enhance their overall well-being. Empathetic understanding in therapy assists clients in identifying, clarifying and articulating their experiences (Ogińska-Bulik & Michalska, 2022). Rogers (1959, p. 210) delineates empathetic understanding as the ability 'to perceive the internal frame of reference of another with accuracy, and with the emotional components and meanings which pertain thereto, as if one were the other person, but without ever losing the "as if" condition'. Empathy, although conceptualised in several ways, is often viewed through two distinct dimensions: affective empathy, often referred to as emotional contagion or empathic concern, characterised by mirroring others' emotions, and cognitive empathy, involving the comprehension of others' thoughts and emotional experiences, often achieved through perspective-taking and mentalising (Chakrabarti & Baron-Cohen, 2006; Decety & Jackson, 2004; Singer & Lamm, 2009). This study will use this distinction for widespread replicability.

Role-taking, a fundamental empathy skill, refers to individuals envisioning themselves in another's shoes (Schell & Kayser-Jones, 2007). This skill constitutes a significant tool for counsellors and psychotherapists. However, in nursing research, despite the benefits of effective care through role-taking, some nurses struggled to detach (Schell & Kayser-Jones, 2007), highlighting the emotional strain tied to empathy. A plausible explanation comes from the simulation theory (Gordon, 1986), which posits that empathy arises when witnessing others' emotions, stimulating identical emotions leading to first-hand understanding. This may elucidate why trauma professionals are prone to emotional exhaustion.

Empathy significantly influences an individual's well-being by modulating emotional responses (Moudatsou et al., 2020), with evidence revealing that elevated affective empathy is linked to heightened emotional interference, while heightened cognitive empathy is associated with improved emotional regulation (Thompson et al., 2021). Some facets of empathy are correlated with psychological risk, such as burnout and VT, while others are protective (Yılmaz & Ustun, 2018). For example, low empathy levels among undergraduate law students were found to be associated with psychological stress (Spivak et al., 2018). Similarly, research on social workers revealed that certain empathic components may mitigate burnout and enhance compassion satisfaction, highlighting the imperative to integrate empathy into the training of trauma professionals (Wagaman et al., 2015). However, empirical inquiries into the relationship between empathy and well-being among counsellors and psychotherapists remain notably scarce.

Previous research exploring empathy as a potential risk factor for burnout and poor well-being in psychotherapists working with trauma, established a positive correlation between empathy and professional quality of life[1] (Laverdière et al., 2019). This implies that individuals with heightened empathy were less prone to experiencing poor well-being. Furthermore, Harrison and Westwood (2009)

Implications for practice and policy

- Empathy has both a positive and a negative impact on counsellor well-being.
- Integrating secondary trauma awareness and the importance of self-care and supervision on counsellor well-being in training is key.
- Clinical supervision training could incorporate trauma-informed practice to emphasise consideration of both the impact of the work and counsellor well-being during a supervisory relationship.
- These findings could be incorporated into the industry Scope for Practice Education Framework (SCoPEd), to include supervisor training and review of the base level of counsellor training content.

discovered that maintaining empathic engagement contributed to feelings of invigoration and enhanced well-being among clinicians. The study also investigated the role of empathetic balance, revealing that counsellors who perceived the stressors inherent in their role as expected, manageable, and understandable demonstrated improved well-being and job performance through effective empathy regulation (Ling et al., 2013).

Nevertheless, the affirmative association between empathy and diminished well-being has been extensively documented within the general population and among specific professional groups. Figley (1995) found that individuals exhibiting higher empathy levels are at high risk of psychological stress. This observation has been corroborated by subsequent investigations, such as Nolte et al.'s study (2017), which identified empathy in trauma-exposed midwives as a risk factor for VT and compromised well-being. Similarly, Beagley et al. (2018) reported that police officers characterised by heightened empathy, when exposed to trauma, manifested more depressive symptoms and post-traumatic stress in comparison with their counterparts with lower empathy levels. Furthermore, Duarte et al. (2016) revealed that healthcare workers unable to regulate empathetic engagement demonstrated an increased vulnerability to the development of poor well-being. A strong correlation has been found between burnout and declined empathy among medical students exposed to trauma. Thomas et al. (2007) underscored that students with higher rates of burnout manifested a decline in empathic responsiveness. This reduction, in turn, resulted in diminished well-being and lower levels of professionalism (Thomas et al., 2007), further highlighting the imperative role of empathy in the well-being of professionals working with trauma. More recently, in a study of 214 Greek mental health practitioners, higher empathy and declined well-being were found (Kounenou et al., 2023), indicating the risks of empathetic engagement. However, it must be noted that the latter study was conducted during the COVID-19 pandemic, a period that adversely impacted many professionals' well-being due to lack of social interaction, illness and increased anxiety (Evanoff et al., 2020).

Hence, whether this positive correlation was due to empathy, or the implications of COVID-19, is dubious. Nonetheless, the role of empathy and its relation to well-being in therapists working with trauma is therefore evidently undefined, with the conflicting literature making it onerous to selectively implement appropriate support for those within this field.

Despite the wealth of research on trauma work and empathy, a limited number of studies specifically target psychotherapist/counsellor samples. Professionals in these roles, dealing with clients who have undergone traumatic experiences, frequently encounter distressing situations, thereby elevating their susceptibility to poor well-being. This therefore highlights the unequivocal importance of comprehensively exploring the experiences of professionals working with trauma and how their use of empathy influences their well-being, either as a protective or risk factor. This qualitative study aims to gain detailed insights into their experiences, allowing participants to reflect on their feelings (Kakilla, 2021). The outcomes seek to inform best practices for therapists through enhanced professional development and support services, providing therapists with the opportunity to care for themselves and, subsequently, to provide the utmost quality client services. Considering this, the aim of this study was to examine the following research questions:

1. What role does empathy have in the promotion of well-being in therapists in trauma-informed settings?
2. What influences whether empathy acts as a risk or protective factor to well-being?

2 | METHOD

2.1 | Participants

Existing professional networks assisted participants' recruitment in line with the definition of purposive sampling (Cresswell & Plano Clark, 2011). Fourteen psychotherapists/counsellors participated in this study; three of them were males, reflecting the gender imbalance in this profession (BACP, 2017). Participants were required to have at least a level-4 qualification in counselling or psychotherapy, and be working in the UK with at least four clients weekly in a paid capacity either privately and/or within organisations, particularly in trauma-informed roles.

2.2 | Design and procedures

An exploratory approach with an interpretive perspective was utilised in this study, using semi-structured interviews. This design enabled flexibility, rich data and the opportunity to follow up on questions to gain a holistic understanding of participants' experiences (Braun & Clarke, 2022).

It is noteworthy that this study constituted a part of a larger research project investigating various topics. However, the present paper exclusively presents the data pertinent to the research questions. First, in line with our research question, a pool of interview questions was generated on topics such as the experiences of working in trauma-informed settings, including training and preparedness for the role of a counsellor, as well as counsellors' perspectives on self-care and their perceptions of empathy in their work. This pool was developed by a team of researchers with backgrounds in health, occupational and developmental psychology. Subsequently, these questions were further refined and piloted with a counsellor, who is a member of the team and works in a trauma-informed setting, to create the final interview schedule (Section 1: Appendix S1). The study adhered to the Code of Ethics and Conduct by the British Psychological Society (2021), and the data were collected in accordance with the Data Protection Act (1998). Upon receiving ethics approval (Ethics ID: 46603) from Bournemouth University, written informed consent was obtained from all participants. Semi-structured interviews were adopted to allow for flexibility and an in-depth understanding of their experiences (King et al., 2019). All interviews were conducted online, audio recorded and transcribed verbatim. After the interview, participants were provided with a debrief form and an Amazon voucher.

2.3 | Data analysis

An inductive six-stage reflexive approach to thematic analysis (Braun & Clarke, 2022) was employed to analyse the data. The adoption of this iterative process was deemed most appropriate to gain in-depth explorations of participants' individual experiences, highlighting the researcher's active role in knowledge production (Braun & Clarke, 2022). This method values a researcher's subjective experiences as the primary way to discern knowledge from the data. Moreover, these phases are recursive as opposed to linear, whereby the researcher continually revisits previous phases to inspect the developing analysis against the dataset (Braun & Clarke, 2022).

Three interrelated themes and nine subthemes were generated from the interview data with therapists (Section 2: Appendix S1). Pseudonyms are used to protect participants' identities (British Psychological Society, 2021).

3 | RESULTS

This study explored the subjective experiences of psychotherapists/counsellors working in trauma-informed settings in relation to the role of empathy in promoting their well-being. The first theme, 'Empathy is crucial for psychotherapists and counsellors', contained two subthemes: *Enhanced care for clients* and *Empathy as a protective factor*. The second theme, 'Empathy as a risk factor', contained three subthemes: *Emotional exhaustion*, *Development of vicarious*
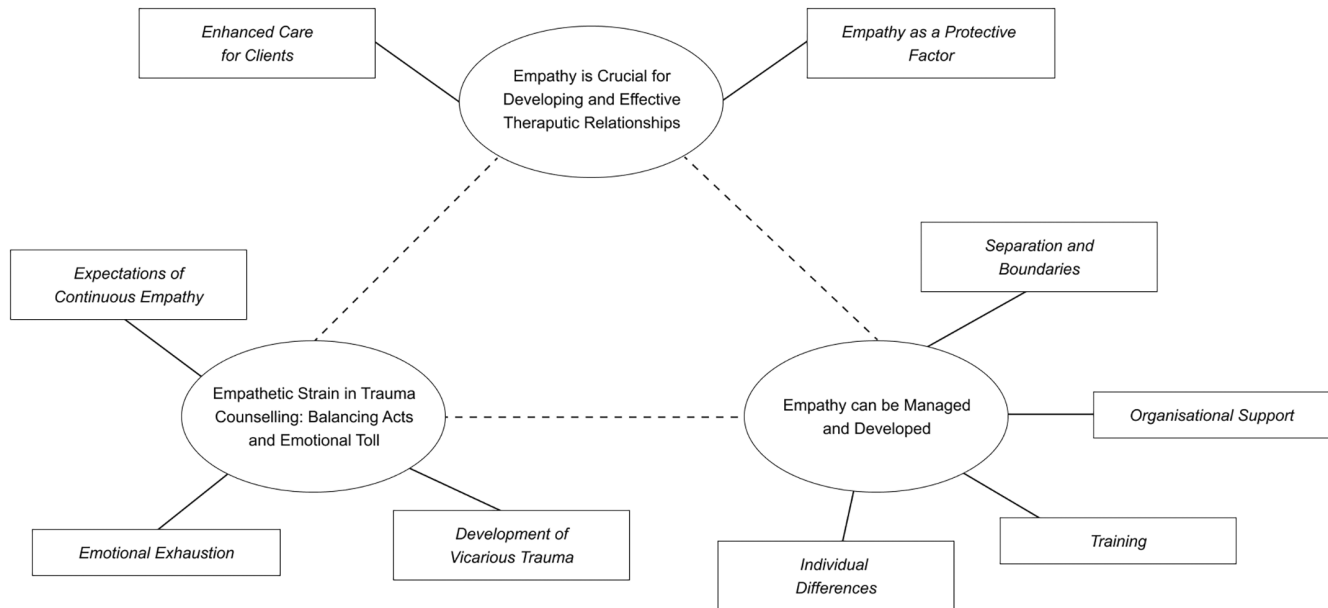
FIGURE 1 Thematic map of themes and subthemes.

trauma and *Expectations of continuous empathy*. The final theme, 'Empathy can be regulated and developed', contained four subthemes: *Separation and boundaries*, *Organisational support*, *Training* and *Individual differences*. The themes, subthemes and how they interact to construct psychotherapists and counsellors' experiences (Figure 1) are discussed in detail below, along with relevant quotes from the interviews to illustrate the findings.

3.1 | Empathy is crucial for developing and effective therapeutic relationships

The importance of empathy was extensively reported by all participants. The majority discussed the significance of empathy within the role, highlighting its beneficial effects on the provision of care to clients and psychotherapists/counsellors' well-being through increased self-awareness and inward thinking.

3.1.1 | Enhanced care for clients

Participants emphasised empathy's role in enhancing care standards, fostering stronger therapeutic bonds and facilitating positive outcomes, such as exploring trauma and expressing emotions without judgement. It was deemed crucial, with one participant stating, 'It's absolutely key' for making clients feel supported and heard:

> And so, you know the ability to be empathetic to kind of sense what she might be experiencing or feeling really helps us form a bond and helps her know that

I understand something of her experience and that then helps her do more of the work. Once I'm helping her hold that experience in that empathy, then she's not so lonely and scary. So, then she can be more curious, and do more of the work in that space.

> [P5]

3.1.2 | Empathy as a protective factor

Interviewees acknowledged empathy as a protective factor to well-being, discussing its importance in developing self-awareness and ensuring care of themselves and their clients. Most participants frequently recognised that empathy enables them to check in with themselves, ensuring they are processing their own experiences. This implies that counsellors/psychotherapists can use their empathetic skills beyond the therapeutic environment to provide themselves with the same level of understanding and care as they would provide their clients with:

> So, learning empathy has been good because I can empathise with myself. It's like every now again, I'll check in and it's like, what do I need? What is it that I want? What is it that I need? So, I guess it's pretty much the same again giving other people empathy but making sure there's a balance coming back in return.

> [P3]

Some participants reported a need for self-care and reflection to maintain empathy levels, with one participant stating, 'Yes, it does improve

my well-being, but I do need to look after it' [P5]. This demonstrates the importance of using empathy carefully, maintaining an empathetic balance with clients to protect well-being. Furthermore, most participants felt their empathy enabled them to provide quality care to themselves, allowing them to understand their needs and emotions on a deeper level.

3.2 | Empathetic strain in trauma counselling: Balancing acts and emotional toll

Empathy was seen as a risk factor, leading to negative outcomes and diminished well-being. All participants noted emotional exhaustion due to the constant need for empathy, highlighting its detrimental effects. Some mentioned the risk of vicarious trauma from repeated exposure to clients' difficult experiences. The role of empathy was further discussed by participants as impacting their well-being beyond their working environment, with many participants facing pressures to be continuously over-empathetic, despite feeling unable to do so.

3.2.1 | Expectations of continuous empathy

Due to counsellors/psychotherapists being considered empathetic, many participants expressed feeling pressured to extend empathy beyond therapeutic sessions. Many participants encountered challenges in offering empathy to friends and family, attributing this to the heightened empathy exerted in their professional role, with one participant finding empathy to be 'worse for me out of the counselling room' [P2]. This extended empathetic role outside therapy, compounded by others seeking emotional support, proved draining and strained emotional resources. Participants discussed the burden of being overly empathetic and feeling compelled to address everyone's issues, particularly influenced by their professional identity:

> It's sort of difficult in that respect because then I feel responsible for the mental health of the people in my personal life.
>
> [P13]

Interviewees, facing the expectation of constant empathy, noted withdrawing from social interactions to alleviate the resulting pressures and preserve their well-being.

> I'm not being sociable because I'm so taken with what's happening with people that I've got nothing left and then if there's a problem or an issue with a friend, of course I'd help them and be interested but really I don't want to get caught up in anything until I finished my 3 days of work.
>
> [P5]

3.2.2 | Emotional exhaustion

This subtheme highlights the adverse effects of empathy, with counsellors/psychotherapists facing emotional exhaustion due to the constant demand for empathy in their role. This increases the risk of experiencing emotional exhaustion, with participants finding that the demonstration of empathy 'Is actually emotionally impacting' [P1]. All participants explained that although empathy can be protective of well-being, an excessive level of empathy may limit its protectiveness, with one participant elucidating that 'Sometimes I haven't got my empathy switched on, or I've got it too switched on and then I end up in a pickle'. [P5]. Excessive empathy poses a risk to well-being, causing exhaustion and burnout. The repetitive use of empathy takes a toll, leading to potential negative outcomes. The risk of an over-demonstration of empathy can lead to poor well-being through feelings of exhaustion and burnout. All participants declared that the repetitive use of empathy takes a toll, leading to potential negative outcomes:

> Regarding burnout, I would say you've got more chances of burning out by showing empathy all the time.
>
> [P14]

Some participants stated that the emulation of a client's feelings as a natural outcome of empathy led them to describe it as 'Very tiring' [P2], with one participant highlighting that 'It is really emotional as well, but I think that's part of how I am. I'm able to sit there and listen to people, and sometimes almost cry with them' [P4]. Mirroring others' emotions in empathetic demonstration can cause some participants to neglect their own emotional needs, further increasing emotional exhaustion. The role-taking aspect of empathy, especially when clients' experiences become more personal, adversely affects the well-being of many participants.

> I couldn't get how bad she was out of my mind, and she wasn't rationally, on any risk scale or anything above people that I would be seeing on a day-to-day basis but there was something about her and so maybe that was something to do with, with empathy that it really because it tapped into something that was really close to me personally.
>
> [P2]

3.2.3 | Development of vicarious trauma

Exposure to clients' traumatic experiences and empathetic engagement led some participants to develop vicarious trauma, causing poor well-being. The effects encompass emotional, cognitive and physical health, as well as feelings of safety, security and connection to others. This was discussed by several participants, underscoring the risk posed by empathy to their well-being:

Yeah, you've got to have really strong awareness, strong, strong, strong self-awareness, especially when you're working with pretty deep trauma, um. So yeah, I think you could end up with vicarious trauma picking up other people's stuff.

[P3]

3.3 | Empathy can be managed and developed

Interviewees emphasised factors supporting the effective management and development of empathy in psychotherapists/counsellors, discussing current interventions, techniques and future recommendations. The goal is to enable professionals in high-risk environments to regulate empathy to promote positive well-being.

3.3.1 | Separation and boundaries

Most participants recognised empathy as both a risk and protective factor. They highlighted the importance of setting boundaries and actively moderating emotional engagement with clients' traumatic material, with one participant stating that it is important to not take on 'too many clients coming with particularly heavy stuff' [P9]. This involves acknowledging personal limitations within the therapeutic role. Setting boundaries creates a safe and professional environment, preventing excessive emotional investment in clients' issues.

Setting boundaries allows participants to create a safe and professional environment, preventing themselves from becoming overly emotionally invested in the clients' issues. When discussing empathy, interviewees repeatedly described the mental separation and detachment between their own experiences and those of their clients as a strategy to maintain positive well-being:

But if you have other structures in place like boundaries, like case management, like time management, like doing things for your own well-being, or connect, not working in isolation, but connecting with other people. If you have all those other things in then I don't think it would put you at risk.

[P11]

They also noted that maintaining this mental separation enables understanding without being emotionally pulled into clients' experiences, preventing long-term damage to their well-being:

Being able to appreciate what one might be going through without being in the trenches with them, for example, feeling helpless with them.

[P7]

3.3.2 | Organisational support

Participants found organisational support beneficial for addressing concerns arising from continual empathy demonstration. The staff support network within their organisation provided an outlet to offload worries and opportunities for empathetic regulation, allowing them to discuss the impacts of empathy on their well-being.

We have our team meetings and if there's anything that we're struggling with, we're quite open.

[P14]

Other participants also mentioned the positive impact of clinical supervision, considering it a restorative space for reflection and well-being check-ins, especially when frequently holding others' emotions:

It kind of just gives you a chance to when you're talking about your clients, it gives you a chance to off-load all of that information. The clinical supervision always checks in as well with how that's impacting me.

[P3]

3.3.3 | Training

Participants unanimously viewed training as crucial for managing and developing empathy's impact on well-being. They emphasised that effective empathy regulation requires looking inwardly and prioritising their own needs alongside those of their clients:

I think that really helped us all pick up on the signs of potential burnout in ourselves. That was invaluable.

[P10]

However, one participant noted that while empathy training is useful, its benefits depend on the individual's openness to engage with the content. This places a large responsibility on counsellors/psychotherapists to effectively engage with the training, making it more difficult to ensure these professionals use empathy in a way that promotes, rather than damages, their well-being:

I think counselling training is different because you learn to look in as well as looking out and sometimes for people, that's a very limited process. So yeah, I think you've got to be very open to it.

[P3]

Despite the generally positive perception of training on ensuring empathy promotes positive well-being, one participant was unsatisfied with the adequacy of training, suggesting additional interventions:

I think if you were talking about training as such, I would say that, you know, having modules, whatever way the structure of the program runs, having an actual focus on well-being and some of the dangers of not looking after your well-being.

[P11]

3.3.4 | Individual differences

Participants noted that individuality, influenced by factors like environment and personal experiences, may affect one's ability to demonstrate and regulate empathy. The majority indicated that empathy development and regulation depend on individual life experiences, determining whether empathy acts as a risk or protective factor to well-being:

If you're in a home where there's no emotions, no empathy, no nothing shown. Everything is a learned behaviour, isn't it? So, if you're not getting it, you're going to move forward in life and you're going to lack empathy.

[P14]

Furthermore, some participants highlighted the distinction between being open or closed to empathy, suggesting it not only impacts well-being protection but also the ability to provide care for clients:

How many people probably don't use it? Lots. Because they're too busy, they're too full, they don't, a lot of people block, a lot of people will have their own stuff, their own traumas, their own stuff so they block their feelings. And I think if you block your feelings, you don't have empathy because if you don't know how you feel, you can't know how somebody else feels.

[P2]

Further research on empathy with psychotherapists/counsellors was suggested, as current support does not fully address the unique impact of empathy on individuals in this profession:

I think, doing a bit more, maybe research on the effects of empathy, but certainly talking about its effect and it might be- I'm sure you'll find out- that different people are affected in different ways and so we all deal with it differently.

[P5]

4 | DISCUSSION

This study explored the experiences of counsellors and psychotherapists in trauma-informed settings regarding empathy and its impact on well-being. It aimed to shed light on an overlooked group, providing insights into empathy's role and determining its risk or protective aspects. The findings revealed both positive and negative implications of empathy, aligning with the existing literature. Participants acknowledged the need for a delicate balance in managing empathetic engagement, consistent with Ling et al. (2013). In-depth analysis of the data produced three main themes, *Empathy is crucial for psychotherapists/counsellors*, *Empathy as a risk factor*, and *Empathy can be regulated and developed*. These themes predominantly align with previous research, propounding that empathy, although vital for psychotherapists/counsellors, can be both protective and a risk to well-being (Harrison & Westwood, 2009; Kounenou et al., 2023), with the present study identifying the use of boundaries and clear frameworks around the work being pivotal in achieving a protective effect.

The first theme, *Empathy is crucial for psychotherapists and counsellors*, highlights empathy's crucial role for psychotherapists and counsellors in practice and its impact on their well-being. Empathy was deemed crucial in its ability to provide an advanced standard of care to clients, deeming the role ineffectual without it. Consistent with Ogińska-Bulik and Michalska (2022), all participants stressed the need for continual empathy demonstration to ensure clients feel seen and heard. Furthermore, empathy as a positive enhancement to well-being enabled participants to care for themselves and granted them the ability to understand their emotions on a deeper level. In the light of this finding, several practical recommendations emerge. For instance, the revision of entry-level counselling qualification syllabi could explicitly address and emphasise the aspect of practitioners' well-being and empathic capacity. Also, the provision of clinical supervision training could encompass the development of the supervisor's capacity to probe and encourage reflections of the practitioner beyond client-focused considerations to encompass the well-being of counsellors as a routine practice. Additionally, trauma-informed training should be prioritised as an essential component of core training to deepen understanding of the transferential nature of the work. This training should foster curiosity about unconscious elements in the therapeutic relationship, facilitating a nuanced awareness of the interplay between therapist and client.

Moreover, these findings align with Harrison and Westwood (2009), emphasising empathetic engagement for therapists' well-being. However, participants recognised empathy as protective but also emphasised nurturing it through self-care and reflection, a detail overlooked in the previous literature. While quantitative studies have noted positive empathy-well-being relationships (Bourgault et al., 2015), this qualitative study offers an insight into in-depth-subjective experiences and a more profound understanding of empathy as a protective factor.

Furthermore, empathy emerged as a risk factor in our study, aligning with Kounenou et al.'s (2023) findings, diminishing participants' well-being. Emotional exhaustion was identified as a prominent outcome of continuous empathetic engagement, perceived as inevitable due to empathy's fundamental role in their work. Most participants found sharing and comprehending clients' emotions

challenging, leading to emotional exhaustion when overloaded or unable to detach themselves effectively. This aligns with the previous literature identifying empathy as a well-being risk (Nolte et al., 2017). However, those studies lacked insight into specific causes, unlike the present study, which identified emotional exhaustion. The natural emulation of clients' feelings, a result of empathy, was highlighted as a primary cause, with participants often experiencing identical emotions. These findings can be explained by the Simulation Theory (Gordon, 1986), which posits that replicating another person's feelings can lead to emotional exhaustion. This provides clarification for the emotional exhaustion experienced by participants dealing with the heavy and intense feelings expressed by clients seeking support.

Empathy negatively impacts well-being, with participants reporting that exposure to clients' trauma shapes their understanding of the world and cognitive schemas, thereby risking vicarious trauma. Similar findings were noted in child welfare workers (Sprang et al., 2011), indicating a broader professional susceptibility to vicarious trauma. Although a different population sample to the present study, these findings imply that the development of vicarious trauma occurs across a comprehensive range of professionals exposed to traumatic experiences, highlighting the urgency to implement support services for individuals exposed to traumatic material. Additionally, our study's participants described the pressure on counsellors/psychotherapists to continuously demonstrate empathy outside the therapeutic environment. This contributes to empathy's association with a deterioration in well-being (Figley, 1995), as participants felt compelled to align with their professional title even in personal relationships. This led to withdrawal from social interactions, further harming their well-being. The study brings a new contribution to the literature, exploring empathy's role beyond the professional environment into personal lives, facilitated by semi-structured interviews allowing for in-depth exploration of new topics.

The final theme, 'Empathy can be managed and developed', highlighted factors supporting participants in demonstrating empathy effectively without disrupting their well-being. Interviewees emphasised the importance of separating professional and personal life spheres and setting boundaries for effective empathic demonstration. All participants praised maintaining clear boundaries with clients and separating from their experiences to protect well-being. This aligns with Ling et al.'s (2013) finding that counsellors perceiving their role as manageable experienced fewer negative outcomes when demonstrating empathy. While shedding light on factors influencing empathy's impact on well-being, this study emphasises the importance of using boundaries and separation from clients' experiences to modulate empathy. This approach allows professionals to remain empathetically engaged with traumatic material without negatively affecting well-being. Participants expressed the role of these facets as detrimental to whether empathy posed a risk or was a protective factor to their well-being. Organisational support, including clinical supervision and engagement with staff, is vital for developing and managing empathy. This study sought to uncover means to ensure professionals working with trauma who are most at risk of negative outcomes (Knight, 2018) had ample support

opportunities, therefore granting findings beyond the scope of the previous literature.

Most participants believed they could regulate empathy through training that prioritises their needs and encourages regular self-reflection. These findings provide a positive outcome based upon previous research's recommendations to integrate skills to develop empathy into the training programmes of those in trauma-informed roles (Wagaman et al., 2015), further demonstrating its importance in empathetic regulation and well-being enhancement. Conversely, certain participants noted an absence of training addressing the emotional strain frequently induced by empathy, indicating that the training received fails to encapsulate the complexities within empathetic demonstration. Additionally, a participant highlighted training's reliance on an openness to engage with the content, placing a large responsibility on the professional as opposed to the deliverer, indicating the need for adjustments to ensure complete efficacy in promoting well-being.

Participants suggested that an individual's ability to develop and manage empathy is shaped by environmental factors and personal experiences. They explored the idea that prior negative experiences may hinder appropriate empathetic regulation, leading to poor well-being. This was not previously identified in the literature, due to a potential lack of consideration of the individuality of participants and how this may have impacted findings. However, the role of individual differences and participants' awareness of empathy's unilinear development and regulation has been substantiated in the previous literature, with conflicting studies deeming empathy as both a risk (Thomas et al., 2007) and a protective factor (Laverdière et al., 2019). The role of individuality explains varied experiences of empathetic demonstration, with some participants deeming it protective and others a risk to well-being.

4.1 | Strengths, limitations and practical implications

The study used reflexive methodology and semi-structured interviews for a flexible and responsive approach to data collection, allowing in-depth insights into participants' experiences while using the researchers' reflections and experiences for a more nuanced understanding of empathy. However, despite the new understandings this research presents, it is not without limitations. This study collected data from 3 males and 11 females, potentially resulting in findings with a gender bias towards females. However, it is important to recognise that this gender disproportion in our sample mirrors the gender imbalance documented in this profession (BACP, 2017). Moreover, despite the reflexive nature of this study, interviews were dispersed between multiple researchers, each with different unique experiences, meaning each researcher followed a different approach to asking probing questions. While this may have been useful in gaining different perspectives, more in-depth insights could have been established if a single researcher conducted all interviews used in the analysis.

This study provides an important contribution to the literature by highlighting empathy's impact on psychotherapists/counsellors' well-being, emphasising its dual role as a protective or risk factor. Reflexive thematic analysis identified factors like boundary-setting, organisational support and life experiences influencing this dynamic. Reflexive thematic analysis identified that empathy, although crucial for this group of professionals, may work as a protective or risk factor to well-being, dependent on an individual's ability to implement clear boundaries and separation in the therapeutic environment, access and ability to engage in organisational support, as well as the individual's experiences throughout life. However, caution is advised in interpreting findings, and further research to assess the applicability of these results in designing empathy training interventions for professional well-being is recommended.

The findings also provide valuable insights for practical implications in the therapeutic world. Training providers and therapeutic organisations can be informed about the facets that determine whether empathy becomes a risk or protective factor for practitioner well-being, thereby better supporting this population of vulnerable professionals. Specifically, this suggests that basic training of counsellors could be redesigned to incorporate more resilient skill-based learning about developing empathy and the protective factors needed to minimise risk found in this study. Clinical supervision training also needs to be considered to ensure that supervisors are trained to spot signs of vicarious trauma and the negative impacts of empathy alongside trauma-informed approaches being commonplace in training and supervision across the sector. From a policy perspective, the six Professional Standard Authority accrediting organisations, of which the British Association for Counselling and Psychotherapy (BACP) and British Psychological Society (BPS) are members, can use these findings to support the development of the Scope of Practice and Education (SCoPEd) framework (BACP, 2022), which is looking at core training, practice standards and competencies needed to qualify as a counsellor.

5 | CONCLUSIONS

This investigation has elucidated that empathy exerts a significant impact for practitioners. Practical and policy implications can be drawn from the study, highlighting that while empathy can be both a protective and a risk factor in practitioners' well-being, there are significant gaps in training quality and supervisory provision. These gaps must be addressed to support the vital skill development needed for managing empathy, and therefore well-being in clinical settings. Future research could involve collaboration with training providers and the policymakers within the SCoPEd framework to investigate the efficacy of redesigned empathy training interventions. Such investigations should encompass a larger and more diverse sample to ensure the generalisability of findings. Notably, future investigations should incorporate insights from this study, particularly regarding the newfound significance of boundaries and separation in

determining whether empathy serves as a risk or protective factor to practitioner well-being.

CONFLICT OF INTEREST STATEMENT

The authors declare no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

DATA AVAILABILITY STATEMENT

Anonymised data will made available on request.

ETHICS STATEMENT

The study was performed in line with the principles of the Declaration of Helsinki and in accordance with the BPS Ethics code of conduct. Approval was granted by the Ethics Committee of Bournemouth University. Written informed consent was obtained from all participants included in the study.

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ENDNOTE

[1] Professional quality of life pertains to the subjective experience individuals have in connection with their role as helpers and it is shaped by both the positive and the negative aspects inherent in the fulfilment of their duties (Stamm, 2010).

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.