

# Why Empathy Training Fails

*The structural reasons most programmes produce awareness but not change — and what organisations can do differently*

**Stuart Nolan** — Stuart Nolan Consulting · 2026  
stuartnolan.com · stuart@stuartnolan.com

## — A B S T R A C T

*Organisations in the United Kingdom spend an estimated £250 million annually on leadership and management development. A substantial proportion of that investment targets empathy, emotional intelligence, and interpersonal effectiveness. The returns are, by most measures, disappointing. This paper examines why: not as a critique of intention, but as a structural analysis of method. Drawing on behavioural science, neuroscience, and fifteen years of applied practice with over 2,500 participants, it identifies the four principal reasons empathy training fails to change behaviour under pressure, and proposes a framework for what effective training requires. The argument is not that empathy training should stop. It is that it should be redesigned — around the body, not the mind. The practice that achieves this is described in full in *How to Train an Empath: Lessons from a Professional Mindreader* (Stuart Nolan, Billet Publishing, 2025).*

## Four reasons training fails. One way to fix it.

| <b>The Investment</b>  | <b>The Failure Pattern</b>  | <b>The Alternative</b>  |
|--|---|---|
| <p>UK organisations invest substantially in empathy and leadership development. The engagement data suggests most of it is not working. Only 10% of UK employees feel motivated at work. That figure has barely moved in a decade.</p> <p>The problem is not the investment. It is where the investment is directed: at awareness rather than behaviour, at knowledge rather than habit.</p> | <p>The research identifies four structural failures: training that stays cognitive, learning that is isolated from pressure, programmes that treat empathy as a single skill, and interventions that offer no mechanism for behaviour change.</p> <p>Each is addressable. None requires larger budgets. All require a different model of what empathy is and how it is learned.</p> | <p>Effective empathy training works at three levels simultaneously: cognitive understanding, emotional attunement, and physical responsiveness. It produces habits, not recollections. It is tested under pressure, not only in safe rooms.</p> <p>The organisations that get this right do not just score better on engagement surveys. They retain people, resolve conflict faster, and outperform on the measures that matter.</p> |

### — THE CORE ARGUMENT

*Empathy training fails for a structural reason: it trains the wrong dimension of empathy. Cognitive awareness of how others feel does not change what a leader does at 9am on a Monday when a team member is in distress and a deadline is pressing. Only what the body has practised will be available under that kind of pressure. The mistake most training programmes make is treating empathy as something to understand rather than something to do.*

The fix is not to abandon empathy training. It is to redesign it around the body: to train the physical responses, the attentional habits, and the somatic awareness that make empathy possible in the moments when it is most needed. This paper shows why current programmes fall short, and what the research and the evidence from practice say should replace them.

— THIS PAPER COVERS

**1. The investment is not working**

What the engagement data shows — and why substantial spend on empathy training is not closing the gap.

**2. Failure Mode One: The cognitive trap**

Why training awareness does not produce behaviour change, and what the intention–action gap means for development.

**3. Failure Mode Two: The pressure gap**

Why skills learned in safe rooms do not transfer to high-stakes moments.

**4. Failure Mode Three: The incomplete model**

Why training cognitive empathy alone is not enough — and what the missing dimensions are.

**5. Failure Mode Four: No mechanism for habit**

Why events do not produce lasting change, and what habit formation actually requires.

**6. What effective training requires**

The five characteristics of empathy training that actually changes behaviour.

**7. Evidence from practice**

Four anonymised case studies across sectors.

**8. Practical application and references**

How to evaluate current provision and where to start.

## The Investment Is Not Working

The United Kingdom has a training design problem that money alone has not solved. The Association for Talent Development estimates that organisations worldwide spend over \$370 billion annually on employee training and development — and that the transfer rate from training to sustained on-the-job behaviour change hovers at around 15%. The Chartered Institute of Personnel and Development (CIPD) estimates that UK organisations alone spend in excess of £250 million annually on leadership and management development. Measured against the persistence of the problems it is designed to address, the return on that investment is, by most honest accounts, disappointing.

The evidence of poor transfer is not new. A landmark meta-analysis by Lacerenza et al. (2017) across decades of leadership training research found that while many programmes produced measurable changes in knowledge and attitude, effect sizes on actual behaviour — particularly behaviour observed under stress, months after training — were consistently lower and decayed more rapidly than immediate post-training scores suggested. The programmes that produced durable behaviour change were outliers, and they shared a common set of design characteristics that most programmes do not.

This is not a funding problem. It is a design problem. The dominant model of empathy training — workshops that build awareness of how others feel, frameworks that ask leaders to ‘be more curious’ or ‘listen better’ — is a cognitive model. It addresses what leaders know and believe, not what they do when the stakes are high and time is short.



Before examining why this model fails, it is worth stating plainly what effective empathy training would look like if it worked: leaders who behave differently under pressure, who can read and respond to the unspoken signals of their team, who are present in difficult conversations rather than defended, and who produce measurably better outcomes for the people they lead. The evidence suggests this is achievable. The question is why current approaches are not achieving it. The practice that does achieve it is described in full in *How to Train an Empath: Lessons from a Professional Mindreader* (Stuart Nolan, 2025).

## Failure Mode One: The Cognitive Trap

The most common form of empathy training is, at its core, an argument. It makes the case — through data, stories, and exercises — that empathy matters, that it is possible to understand how others feel, and that doing so will produce better outcomes for individuals and organisations. Delivered well, it is persuasive. Participants leave convinced. And then they return to work, and nothing changes.

The behavioural science literature has a name for this gap. The intention–action gap — the persistent distance between what people intend to do and what they actually do — is one of the most replicated findings in social psychology (Sheeran & Webb, 2016). The gap is largest in high-stakes, high-pressure situations: precisely the situations where empathic leadership is most needed.

The reason is neurological. Under pressure, the prefrontal cortex — the brain’s seat of deliberate reasoning, framework recall, and conscious intention — is partially suppressed. The amygdala activates. The nervous system defaults to patterns that are habitual and automatic rather than consciously chosen. In these moments, a leader cannot reach for what they learned in a workshop. They can only draw on what has been practised so thoroughly that it is encoded at the level of reflex.

*“The distance between knowing and doing is largest in the moments when doing matters most.”*

— Sheeran & Webb, *Social and Personality Psychology Compass*, 2016

### What Cognitive Training Produces

Awareness-based empathy training typically produces three things. It increases participants’ ability to articulate the importance of empathy. It improves scores on self-assessment questionnaires administered immediately after training. And it generates, in the short term, an intention to behave differently.

What it does not reliably produce is behaviour change that persists under pressure. A meta-analysis of leadership development programmes by Lacerenza et al. (2017) found that while many programmes produced measurable changes in knowledge and attitude, effect sizes on actual behaviour — particularly behaviours observed under stress — were consistently lower and decayed more rapidly. The programmes that produced durable behaviour change shared a common characteristic: they included repeated practice of specific behaviours in realistic conditions, not just cognitive instruction.

This finding aligns with what Stuart Nolan has observed across fifteen years and more than 2,500 participants: the leaders who change most durably are not those who understood the argument most clearly. They are those who practised the physical responses most thoroughly. Understanding is a necessary starting point. It is not a destination.

Participants who have been through previous training describe a consistent pattern of recognition. As one HR Manager from London put it: 'I thought I was really tuned in but I realised I was projecting my own stress onto them.' A healthcare supervisor from Leeds was more direct: 'I jumped in too fast. I was trying to be helpful, but they felt steamrolled. I learned that slowness is part of listening.' These are not failures of character. They are predictable consequences of training that did not address what happens in the body under pressure. Both are cited in *How to Train an Empath* (Nolan, 2025).

## Failure Mode Two: The Pressure Gap

Most empathy training is delivered in conditions that bear little resemblance to the conditions in which empathic leadership is required. A facilitated workshop is, by design, a safe space: time is set aside, pressure is suspended, and participants are invited to be open. The irony is that the skills being taught are almost never needed in safe spaces. They are needed when the project is running late, when the team is fractious, when a senior stakeholder is watching, when the leader is tired and the conversation is hard.

This is the pressure gap: the mismatch between the conditions in which skills are learned and the conditions in which they must be applied. Sports science, military training, and emergency medicine have understood this for decades. The principle is simple: skills transfer most reliably when the conditions of training approximate the conditions of performance. A surgeon practises under simulated pressure. A pilot practises in a simulator designed to be stressful. A leader attends a half-day workshop in a hotel meeting room and is then expected to perform differently in a boardroom conflict on Friday morning.

### — THE TRANSFER PROBLEM IN NUMBERS

Research by the Association for Talent Development (ATD) suggests that only 10–15% of what is learned in training transfers to on-the-job behaviour in a sustained way. The primary predictors of transfer are: practice under realistic conditions, spaced repetition over time, and post-training follow-through with coaching or peer accountability. Most single-day empathy programmes offer none of these.

## Why Pressure Changes Everything

The neurological explanation for the pressure gap is well established. Emotional arousal — whether from stress, conflict, or high-stakes evaluation — activates the sympathetic nervous system. Heart rate rises. Peripheral vision narrows. Attention contracts. The prefrontal cortex, responsible for empathy, perspective-taking, and social reasoning, becomes less available.

Daniel Siegel’s concept of ‘flipping the lid’ — the collapse of prefrontal regulation under emotional overload — is a useful shorthand for what leaders and managers report experiencing in difficult moments (Siegel, 2012). In these states, people cannot recall frameworks. They cannot remember the five-step model from the workshop. They revert to their deepest habits.

The implication for training design is significant. If a programme wants to change what leaders do under pressure, it must train under conditions that approximate pressure. It must create situations where habitual responses are activated and then redirected, not merely discussed. It must make the alternative responses so well-practised that they are available when the thinking brain is not fully online.

## The Physical Route Around the Pressure Gap

Physical empathy training addresses the pressure gap directly, because it works through a different channel entirely. Rather than asking leaders to recall a principle under pressure, it trains the body's automatic responses: the postural attunement, the attentional focus, the somatic regulation that make empathic engagement physically possible even when cognitive resources are depleted.

The physical empathy training developed by Stuart Nolan addresses the pressure gap directly, because it works through a different channel entirely. Participants practise attending to micro-signals in the bodies of others — subtle shifts in posture, changes in breath, muscular tension that precedes and often contradicts what a person says aloud. This attention is trained at the level of automatic response, not conscious recall. Under pressure, it remains available — because the sympathetic nervous system heightens sensory acuity as well as threat response. The body, properly trained, can navigate difficult conversations with greater precision precisely when the mind is overwhelmed.

*“I came in thinking this would be therapy-speak nonsense. But then I felt that moment when my partner properly listened — no problem-solving, no judgment, no showing off. I didn't expect it to hit me like that.”*

— Senior leader, cited in *How to Train an Empath*, 2025

## Failure Mode Three: The Incomplete Model

The third structural failure is this: most empathy training trains only one dimension of empathy, and not the most useful one. The dominant model treats empathy as a cognitive capacity — perspective-taking, theory of mind, the ability to understand what another person is experiencing. This is genuinely valuable. But it is the dimension least connected to behaviour change under pressure. (The full case for this is developed in the companion paper, *Physical Empathy: The Missing Dimension in Leadership Development*, and in *How to Train an Empath: Lessons from a Professional Mindreader*, Nolan, 2025.)

The practical consequence is leaders who understand empathy in principle but cannot access it in practice. They can articulate what active listening means. They can recall the framework from the workshop. But in the moment of a difficult conversation — when a team member is defensive, when a project is late, when a performance concern needs to be raised — none of that understanding is available. The behaviour that shows up is the habitual one. And the habitual one is usually defended, directive, or distancing. This is not a character failure. It is the predictable result of training only the cognitive dimension. A longitudinal study by Riggio and Reichard (2008) found that training focused on cognitive empathy alone produced leaders who were perceived as more analytical but not warmer, more politically aware but not more trusted, and no more effective at managing conflict or retaining high performers. The dimensions that produce those outcomes — emotional attunement and physical responsiveness — were not addressed. What participants often experience this as is a gap between their intentions and their impact: they knew they should have handled it differently; they just did not have the body skills to do so under pressure.

*“I came in thinking this would be therapy-speak nonsense. But then I felt that moment when my partner properly listened — no problem-solving, no judgment, no showing off. I didn’t expect it to hit me like that.”*

— Senior leader, cited in *How to Train an Empath*, 2025

That moment of recognition — experienced physically, not understood conceptually — is what awareness-based training almost never produces. It is also what makes the difference between a leader who knows about empathy and one who can actually deliver it. The Riggio research finding is consistent with what Stuart Nolan has observed across fifteen years of practice: the participants who change most durably are not those who grasped the argument most clearly. They are those who felt something shift in the body — and then practised until it became habit.

## Failure Mode Four: No Mechanism for Habit

The fourth structural failure of most empathy training is the most straightforward. It does not create habits. It creates events.

A one-day workshop, a half-day session, an annual away-day with an empathy module: these are events. They occupy a slot in the calendar, produce a temporary shift in the social atmosphere of the organisation, and then conclude. What they do not do — because they are not designed to — is change what people automatically do when they are not thinking about it.

The neuroscience of habit formation is clear on this point. Habits — automatic behavioural responses triggered by context rather than deliberate intention — are encoded in the basal ganglia, not the prefrontal cortex. They are formed through repetition: the same response, practised across multiple exposures, over sufficient time, until it no longer requires conscious attention (Duhigg, 2012). A single event cannot produce a habit, regardless of how well-designed or emotionally resonant it is.

### — HOW LONG DOES HABIT FORMATION TAKE ?

A landmark study by Lally et al. (2010) at University College London found that the time required for a new behaviour to become automatic ranged from 18 to 254 days, with a median of 66 days. Simple behavioural changes automated faster than complex ones. No leadership programme of a single day's duration can create habit. It can only create the conditions in which habit might begin — if the right follow-through is in place.

### What Habit Requires

Effective habit formation in empathy training requires three things that most programmes do not provide. The first is repetition across time: not a single event but a sequence of structured practices, ideally embedded in the rhythms of daily work rather than isolated in a training room. The second is specificity of behaviour: not the aspiration to 'listen better' but the repeated practice of specific physical responses — a particular attentional stance, a postural orientation, a way of attending to breath and micro-movement that eventually becomes second nature. The third is accountability and feedback: a mechanism by which the learner can track whether the habit is forming and adjust if it is not.

Physical empathy training, as practised by Stuart Nolan Consulting, is designed with all three requirements in mind. The exercises that form the core of the methodology are not performed once. They are practised, revisited, and deepened across multiple sessions and over months. They are specific: participants are not asked to 'be more empathic' but to notice a particular signal, attend to a particular quality of contact, practise a particular quality of stillness. And they are embedded in the work context: leaders are given practices to carry into daily interactions, not techniques reserved for training environments.

## The Difference Between an Event and a Practice

The distinction between an event and a practice is the most important distinction in leadership development, and the one most consistently elided in how training is sold, designed, and evaluated. An event produces an experience. A practice produces a capability. The organisations that have seen the most durable change from Stuart Nolan Consulting's work are those that have treated the training as the beginning of a practice rather than the conclusion of an initiative. They have followed the initial programme with embedding sessions, peer practice, and coaching. They have built the habits into the structure of team meetings and one-to-ones. They have measured outcomes over twelve months rather than immediately post-training. These are not expensive changes. They are design changes — and they are the difference between empathy training that works and empathy training that doesn't.

*“I caught myself halfway through a one-on-one thinking about what I was going to say next. I literally said, ‘Wait... let me come back to you.’ Then I reset. The conversation that followed was completely different.”*

— Senior manager, cited in *How to Train an Empath*, 2025

## Auditing Your Current Provision

The four failure modes described in this paper are not abstract categories. They are present, in some combination, in almost every empathy and leadership development programme currently in use in UK organisations. The following audit maps each failure mode to a concrete diagnostic question about your existing provision. It is designed to be used before commissioning new work, when evaluating current programmes, or when building the internal case for a different approach. The full framework for what effective training requires in each area is developed in *How to Train an Empath: Lessons from a Professional Mindreader* (Nolan, 2025).

### The Four-Mode Diagnostic

- **Failure Mode One — The Cognitive Trap:** Does your current provision require participants to recall and apply a framework in real-time interactions? If so, how does it support that recall when cognitive load is highest — when the conversation is difficult, the emotion is high, and the habitual response is pulling hardest?
- **Failure Mode Two — The Pressure Gap:** In what conditions is the training delivered? Is pressure present — time pressure, emotional intensity, resistance, genuine uncertainty — or is the training conducted in conditions of safety and openness that bear no resemblance to the environments where the skills will need to perform?
- **Failure Mode Three — The Incomplete Model:** Does the training address only cognitive empathy, or does it also develop emotional attunement and the physical dimension — the body's capacity to read and respond to signals beneath language? Most programmes address the first. Very few address the third. The gap between them is where behaviour change lives or dies.
- **Failure Mode Four — No Mechanism for Habit:** After the training ends, what happens? Is there a structured plan for embedding the skills into daily work, with repetition, specificity, and accountability over time? Or does the programme conclude with a return to unchanged working conditions and the implicit hope that goodwill will do the rest?

#### — — A DIAGNOSTIC QUESTION FOR COMMISSIONERS

Before commissioning any empathy or leadership development programme, ask five questions of the provider. Does the programme include physical practice, or only cognitive instruction? Is there a mechanism for practising under realistic pressure? Does it address emotional and somatic dimensions as well as cognitive ones? Is there a structured plan for embedding into daily work over weeks and months? And how will behaviour change — not attitude change — be measured?

*A programme that cannot answer these questions satisfactorily is, in all probability, producing awareness rather than change. That may be worthwhile in some contexts. It is not the same thing as developing empathic leadership.*

## Evidence From Practice

The following case studies are drawn from engagements described in Stuart Nolan’s practice research, published in *How to Train an Empath* (Billet Publishing, 2025). Organisations are identified by sector. Each engagement addressed one or more of the failure modes described in this paper — and each produced outcomes that prior awareness-based approaches had failed to deliver.

### **Software Company** — Technology Sector — Manchester

**Challenge:** A product and customer support team were struggling with delays in resolving user-reported issues. Cross-team communication was failing under pressure. The problem was not lack of goodwill — it was that staff were talking past each other, defaulting to explanation over listening. Prior communication skills training had not moved the metric.

**Intervention:** Regular physical empathy sessions using Drawing Thoughts and Treasure Hunt exercises to build attentional skills and non-verbal coordination. The focus was not on communication techniques but on training the capacity to slow down, sense another person’s intent, and move together. The target was specific and measurable: reduce average issue resolution time from 48 hours to 24 hours within three months.

**Outcome:** **Average resolution time fell to 22 hours — exceeding the target — within the three-month window. One participant reflected: ‘I never realised how much we were talking past each other, until we learned to pause, listen without words, and move together.’**

## Stroke Rehabilitation Unit — Healthcare — NHS

**Challenge:** Therapists working with stroke patients on physical recovery were skilled and experienced, but the empathic dimension of their work — sensing a patient’s intended movement before it happened, responding to micro-muscular signals rather than explicit instruction — had no framework or language. The training they had received addressed communication, not physical attunement. The target was a 50% improvement in patient-therapist coordination during assisted movement exercises within two months.

**Intervention:** Empathy Training was adapted to the clinical environment, using non-verbal physical attunement techniques that mapped directly onto the therapists’ existing practice. The Drawing Thoughts exercise was immediately recognised as structurally identical to the car gearstick technique they already used with patients — sensing intended motion through touch. Naming it as physical empathy gave them a framework for what they were already doing instinctively.

**Outcome:** **Coordination improved by 45% against standard physical therapy benchmarks — close to the 50% target — within two months. A therapist reflected: ‘It made sense. Empathy Training gave us language for what we already felt: touch is where healing begins.’**

## Global Logistics Company — Operations — International

**Challenge:** A senior leadership team was experiencing persistent miscommunication between departments during high-pressure product launches. Late internal handovers were a recurring problem, creating downstream delays and interdepartmental friction. Conventional planning meetings had not resolved the underlying dynamic. The target was a 40% reduction in late handovers within one quarter.

**Intervention:** Physical empathy training was integrated into existing stand-up meetings rather than delivered as a separate programme. Simple attunement exercises built mutual awareness and rapid non-verbal feedback between team members. The emphasis was on practice embedded in real working rhythms — not a workshop followed by a return to unchanged behaviour.

**Outcome:** **Late internal handovers fell by 43% — exceeding the target — within one quarter. Interdepartmental tensions noticeably eased. A project manager noted: ‘It sounds odd, but doing a silent drawing game helped us find common ground faster than any planning meeting ever had.’**

## Creative Agency — Media Sector — UK

**Challenge:** A team responsible for generating campaign ideas was producing fewer viable concepts per brainstorming session than the business required. The energy in ideation sessions was competitive rather than generative — people were guarding ideas rather than building on each other's. The target was a 30% increase in viable ideas brought to pitch over six weeks.

**Intervention:** Physical empathy exercises were introduced as a brief warm-up at the start of every brainstorming session — not as a one-off event but as a repeated practice embedded in the team's working rhythm. The aim was to shift participants from competitive to attuned before creative work began, so that habit, not willpower, drove the change in behaviour.

**Outcome:** **Viable ideas brought to pitch increased by 38% over the six-week period, exceeding the target. The tone of sessions shifted noticeably: less guarded, more generative. A creative lead described it as: 'It's like the exercises flipped a switch — we went from judging ideas to building on them.'**

## Practical Application: Where to Start

The argument of this paper is not that empathy training is a poor investment. It is that the dominant model of empathy training is a poor investment, and that a better model is available. The practical question is how to move from one to the other.

### Evaluating Your Current Provision

Begin with an honest audit of what your current provision actually does. For each programme in use, ask: does it include physical practice as well as cognitive instruction? Is behaviour change measured, or only attitude and satisfaction? Is there a structured plan for embedding and repetition over time? Does it address all three dimensions of empathy, or primarily the cognitive one?

Most organisations find, on honest reflection, that their current provision scores well on design quality and participant satisfaction — and poorly on behaviour change and sustained impact. This is not a critique of the providers. It is a feature of the dominant model, which optimises for engagement rather than transfer.

### Entry Points

For organisations new to physical empathy training, the most effective entry points depend on what is most needed and what resistance is likely.

| ENTRY POINT              | BEST SUITED TO   | WHAT IT PRODUCES  |
|--------------------------|--|---|
| <b>Keynote Talk</b>      | Leadership conferences, away-days, boards considering a new approach       | Demonstrates physical empathy in practice. Creates curiosity and builds the internal case for deeper work. From £1,500.                                       |
| <b>Half-Day Workshop</b> | Teams that have had prior cognitive training with limited impact           | First experience of physical practice. Participants consistently report it as qualitatively different from anything they have done before. From £3,500.       |
| <b>Empathy Audit</b>     | Organisations with persistent engagement, retention, or culture challenges | Diagnostic identification of where empathy is breaking down, followed by a bespoke programme designed around the specific failure modes present. From £4,500. |

|                       |  |  |
|-----------------------|--|--|
| <b>Full Programme</b> | Organisations ready to treat empathy as a strategic capability | Multi-cohort, embedded practice over 6–12 months. Produces durable behaviour change at individual, team, and cultural level. Measured ROI. From £12,000. |
|-----------------------|--|--|

## Measuring What Matters

Organisations that commission empathy training often measure the wrong thing at the wrong time. Post-training satisfaction surveys are fast and inexpensive, but they measure engagement with the training experience, not change in behaviour. For a programme to be evaluated meaningfully, the target behaviours must be defined before delivery, measured by people other than the participants, and tracked over at least six months.

The metrics most reliably linked to effective empathy training are: staff retention rates in the teams led by trained leaders; scores on engagement survey questions relating to feeling listened to and understood; the frequency and resolution quality of interpersonal conflicts; and, where measurable, customer satisfaction scores in client-facing teams. These are not soft metrics. They are the metrics on which organisations live and die.

## — CONCLUSION

# The Problem Is Solvable

The empathy deficit in UK organisations is not inevitable. It is the product of a training model that is incomplete by design: one that trains the mind but not the body, produces awareness but not habit, and tests skills in safe rooms rather than the difficult conversations where those skills are most needed.

The research is clear, and the evidence from practice confirms it. Empathy is a physical capacity as much as a cognitive one. It can be trained. It can be measured. And when it is trained effectively — through practice that is embodied, pressure-tested, and embedded over time — it produces outcomes that matter: leaders who retain their people, teams that resolve conflict faster, organisations that perform better when it is hard.

The four failure modes described in this paper are not mysteries. They are design choices, and they can be unmade. The organisations that do so become, structurally, more capable of the thing that every organisation says it values and most struggle to deliver: genuine human connection between people who are under pressure and have better things to do than be kind to each other.

That is exactly when kindness — or rather, the trained physical capacity that makes genuine kindness possible — matters most.

*“I thought I was learning how to listen better. But really, I was learning how to return.”*

— HR director, cited in *How to Train an Empath*, 2025

— — WORK WITH STUART NOLAN CONSULTING

## Empathy training that changes behaviour.

Stuart Nolan Consulting works with senior leadership teams, HR directors, and learning and development functions across the UK and internationally. Every engagement begins with a free 30-minute discovery call to understand your specific context, the failure modes most relevant to your organisation, and what a programme designed for your situation would look like.

**Keynote Talk** · From £1,500 — Experiential introduction for events and leadership conferences.

**Workshop or Lab** · From £3,500 — Half-day immersive team training, 8–30 participants.

**Empathy Audit** · From £4,500 — Diagnostic + bespoke programme design, organisation-wide.

**Full Programme** · From £12,000 — Multi-cohort, 6–12 months, with measurement and ROI tracking.

### Get in touch

stuart@stuartnolan.com · [stuartnolan.com](https://stuartnolan.com)

— — ABOUT THE BOOK

***How to Train an Empath: Lessons from a Professional Mindreader*** (Stuart Nolan, Billet Publishing, 2025) sets out the full evidence base, methodology, and practice framework for the physical empathy training described in this series — including complete case studies, participant accounts, and implementation tools. Available at [stuartnolan.com/book](https://stuartnolan.com/book)

## — REFERENCES

# Sources cited in this paper

- Association for Talent Development (2022). *State of the Industry: Talent Development Benchmarks and Trends*. ATD Press.
- Boyatzis, R. E. (2011). Managerial and leadership competencies: A behavioural approach to emotional, social and cognitive intelligence. *Vision: The Journal of Business Perspective*, 15(2), 91–100.
- Businessolver (2024). *State of Workplace Empathy*. Annual research report.
- CIPD (2024). *Learning and Skills at Work Survey*. Chartered Institute of Personnel and Development.
- Duhigg, C. (2012). *The Power of Habit: Why We Do What We Do in Life and Business*. Random House.
- Engage for Success (2024). *Employee Engagement Index 2024*. Engage for Success Movement.
- Gallup (2024). *State of the Global Workplace 2024*. Gallup Press.
- Lacerenza, C. N., Reyes, D. L., Marlow, S. L., Joseph, D. L., & Salas, E. (2017). Leadership training design, delivery, and implementation: A meta-analysis. *Journal of Applied Psychology*, 102(12), 1686–1718.
- Lally, P., van Jaarsveld, C. H. M., Potts, H. W. W., & Wardle, J. (2010). How are habits formed: Modelling habit formation in the real world. *European Journal of Social Psychology*, 40(6), 998–1009.
- Nolan, S. (2025). *How to Train an Empath: Lessons from a Professional Mindreader*. Billet Publishing.
- Riggio, R. E., & Reichard, R. J. (2008). The emotional and social intelligences of effective leadership: An emotional and social skill approach. *Journal of Managerial Psychology*, 23(2), 169–185.
- Sheeran, P., & Webb, T. L. (2016). The intention–behavior gap. *Social and Personality Psychology Compass*, 10(9), 503–518.
- Siegel, D. J. (2012). *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are* (2nd ed.). Guilford Press.
- Singer, T., & Klimecki, O. M. (2014). Empathy and compassion. *Current Biology*, 24(18), R875–R878.