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### Historiography of Empathy: Contributions to Social Work Research and Practice.

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## Historiography of Empathy: Contributions to Social Work Research and Practice

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Tracy Watson conceived and wrote this historical review. David Hodgson, Lynelle Watts and Rebecca Waters provided critical feedback and revisions. All the authors approved the final manuscript for submission.

### Abstract

Empathy has long been considered critical to good social work practice, and is supported by extensive research and literature. However, empathy is a contested concept with divergent theoretical origins that complicates its place in social work research and practice. This article provides a historical review of empathy, highlighting the evolution of the concept of empathy, its contested history, and subsequent emergence into therapeutic contexts, particularly within social work. Findings show that empathy has multiple definitions and meanings, thus, creating a challenge to research efforts and social work activities. This review lays the groundwork for further constructive debate and research into the theory and practice of empathy for social work.

### Keywords

Empathy; *Einführung*; historical research; social work.

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3 From its earliest beginnings, the social work profession has had a strong attachment to  
4 empathy. There is general agreement that empathy is important to practice, with research  
5 evidence suggesting that empathic practice has a positive therapeutic effect, leading to  
6 improved client outcomes (Cournoyer, 2011). Gair (2011) asserts that “empathy is considered  
7 to be a crucial ingredient in social work practice” (p. 329). Despite the strong attachment that  
8 social work has to the concept of empathy, there appears to be multiple definitions and little  
9 consensus for the term (Lanzoni, 2018). For example, for Vinton and Harrington (1994) argue  
10 that empathy is defined by two distinct but related phenomena: emotional empathy (being  
11 affected by other’s emotional states), and expressed empathy (the translation of other’s  
12 emotional states into words). Gerdes and Segal’s (2009) integrative model of empathy  
13 combines research findings from various disciplines, particularly that of the social cognitive  
14 neurosciences. This model has three components, an affective response, cognitive processing,  
15 and conscious decision-making (Gerdes & Segal, 2009). Drawing on definitions from various  
16 influential scholars, such as, Carl Rogers (psychologist), Daniel Batson (social psychologist),  
17 and Heinz Kohut (psychoanalyst), the Social Work Dictionary contains a condensed definition,  
18 being the “act of perceiving, understanding, experiencing and responding to the emotional state  
19 and ideas of another person” (Barker, 2003: p. 141). For Cournoyer (2011) empathy is said to  
20 derive from the Greek word *empathia*, and is defined “as a process of joining in the feelings  
21 of another, of feeling how and what the other person experiences, of feeling with someone” (p.  
22 14). These descriptions suggest that empathy is made up of cognitive, affective, and  
23 behavioural components. In accordance, when developing the Empathy Scale for Social  
24 Workers, King and Holosko (2012) refer to these three components as ‘conceptual  
25 dimensions’, considering them to be central to the concept of empathy. Conversely, Batson  
26 (2011) argues, as each are known by other names, such as, accurate empathy, sympathy, and  
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3 emotional contagion, as well as being “conceptually distinct, stand-alone psychological  
4 state[s]...Opportunities for disagreement abound” (p. 3).  
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8 This lack of consensus is not unique to the social work profession. In the nursing literature,  
9  
10 empathy has been continuously debated (Fernandez and Zahavi, 2020). According to  
11  
12 Fernandez and Zahavi (2020), as empathy is a conceptually ambiguous term, its application to  
13  
14 nursing practice is problematic, because it is unclear which “empathic phenomenon has the  
15  
16 highest clinical relevance” (p. 2). Similarly, there are competing conceptualisations of empathy  
17  
18 in the medical literature (Decety, 2020). Decety (2020) argues that the “multiple definitions  
19  
20 limit progress in the role of empathy in medicine...and appropriate instruments to assess its  
21  
22 function” (p. 562). Social psychologist, Daniel Batson, points out that “the term empathy is  
23  
24 currently applied to more than a half-dozen phenomena” (Batson, 2011: p. 3). Cuff, Brown,  
25  
26 Taylor and Howat’s (2016) concept review of empathy found 43 definitions. The various array  
27  
28 of definitions is not new. In 1936 psychoanalyst Reik argued that “the conception of empathy  
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30 has become so rich in meanings that it’s beginning to mean nothing at all” (Reik, 1936: p. 192).  
31  
32 More recently, the confusion created by the assorted definitions, is leading some authors to  
33  
34 consider dropping its usage (Decety, Bartal, Uzefovsky and Knafo-Noam, 2016). Gerdes and  
35  
36 Segal (2009: p. 115) suggest that “these problems of definition, measurement and  
37  
38 conceptualizations...have [likely] contributed to social work’s lack of depth in both how we  
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40 define and teach empathy”.  
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48 We argue that the multiple definitions found in social work literature are problematic as the  
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50 varied meanings and divergent theoretical origins of empathy impede research efforts about  
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52 social work practice. Given that empathy is considered to be essential to social work practice,  
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54 critical analysis of its conceptual, theoretical, and practical implications would help develop  
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56 further rigour in its meaning and limitations for practice. As the historical and conceptual  
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58 empathy literature is widely dispersed, this paper draws this history together in a concise form.  
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3 Referencing historical texts from early philosophy and psychology scholars, we trace the  
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5 contested history of empathy, beginning before it was first translated into English, from the  
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7 German word, *Einfühlung*. We also consider empathy within therapeutic contexts, social and  
8  
9 cultural settings, and the neurosciences. By exploring the history of empathy within the various  
10  
11 disciplines, we illustrate how it has attracted multiple definitions and meanings, and the  
12  
13 implications for social work research and practice.  
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### 16 17 18 **Methodology: Historiography**

19 To critically examine the development of the concept of empathy, we have chosen a  
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21 historiographical approach. Historiography differs from other types of review as the focus is  
22  
23 on the exploration of concepts, issues, phenomenon, etc., throughout time, generally beginning  
24  
25 with the first time the topic appeared in the literature (Rampolla, 2006). The evolution of a  
26  
27 particular concept is traced, attention is drawn to what others have written, and the ways in  
28  
29 which the concept is transformed (Danto, 2008; Taylor and Francis, 2013). As Goering (2013:  
30  
31 p. 430) points out “no single person can purport to change the meaning of a word by herself.  
32  
33 Concepts can only be changed or stabilised in communication exchange, positioned inside the  
34  
35 framework of a speech community”. In this historiographical approach, disciplines may stand  
36  
37 as speech communities through which the concept of empathy has been changed, stabilised, or  
38  
39 transformed as a result of the specific disciplinary social practices (Danto, 2008).  
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45 A criticism of historiographical research is the tendency to have a narrow contextual focus. To  
46  
47 overcome this, a comparative approach is recommended (Lorenz, 1999). Various authors, in  
48  
49 and across disciplines, have influenced the development of the concept of empathy. For the  
50  
51 purposes of this review, having a broad focus was considered important and a comparative  
52  
53 historical analysis approach was selected (Mahoney and Rueschemeyer, 2003). The  
54  
55 comparative approach does not refer to the word, ‘analysis’, in the traditional sense, rather it  
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3 means the examination of cases, to stimulate conversations around concept development  
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5 (Mahoney, 2004).  
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8 Mahoney and Rueschemeyer (2003) recommend sourcing literature from a variety of contexts.  
9  
10 As such, we chose the disciplines of philosophy, psychology, anthropology, primatology, and  
11  
12 neuroscience, as they are considered to have been the most influential in the development of  
13  
14 empathy. Provenance and authenticity guided the inclusion and exclusion criteria (Taylor and  
15  
16 Francis, 2013). Provenance, or who wrote the material is considered to be important in  
17  
18 historical research (Taylor and Francis, 2013). For this paper, provenance focussed on locating  
19  
20 seminal authors. It is acknowledged that seminal authors are not always explicitly stated, rather,  
21  
22 they are often highly cited in secondary materials (Danto, 2008). Therefore, secondary works  
23  
24 were examined to identify these authors. Once seminal authors were identified, a search was  
25  
26 done to determine their discipline, time in which they lived and other authors that had  
27  
28 influenced them. Relevant works from the influencing authors were also included. To ensure  
29  
30 authenticity, all attempts were made to obtain copies of the seminal authors' original texts.  
31  
32 Where original material was not available, cross referencing of secondary sources was done.  
33  
34 Material was excluded if it could not be authenticated. Secondary sources were included to  
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36 "describe, explain, or... used as a springboard for a favourable or contentious critique" (Danto,  
37  
38 2008: p. 80).  
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45 As this paper focussed on locating seminal work, it was exempt from rules usually placed on  
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47 literature searches (Cronin, Ryan and Coughlan, 2008). We did not limit the publication dates  
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49 in our search as this would have resulted in work being missed. An electronic search was  
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51 conducted using the ProQuest, Wiley, Sage, Pubmed and Taylor & Francis databases. These  
52  
53 databases offered broad multidisciplinary subject coverage and cross searching of historical  
54  
55 and contemporary source content. Where archival material was not available through these  
56  
57 databases, it was sourced through Google and Rapid ILL. The search string consisted of terms  
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3 considered to be within the scope of this review. The keyword empathy, (was combined with  
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5 AND social work, AND psychology, AND neuroscience, AND anthropology, AND  
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7 primatology, AND therapeutic contexts). *Einfühlung* was searched separately and combined  
8  
9 with the key historical authors, such as, *Einfühlung* AND Lipps, AND Vischer. A follow up  
10  
11 manual search of reference lists from the originally selected literature were examined. This was  
12  
13 done to identify other materials that may have been missed in the original search and to help  
14  
15 locate original documents.  
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19 Materials were analysed using a convergent and divergent approach (Mahoney and  
20  
21 Rueschemeyer, 2003). The central focus was on how empathy was described and  
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23 conceptualised at an individual level, across various disciplines and over time. While there are  
24  
25 several ways in which findings can be presented, we have chosen to write in a narrative style  
26  
27 (Wewers, 2007). Thus, this paper is organised like a story, tracing the concept across different  
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29 disciplines.  
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### 34 **Origins of the Empathy Concept: From *Einfühlung* to Empathy**

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36 This section traces the influence of *Einfühlung* across the disciplines of psychology and  
37  
38 philosophy. Of note, psychology was a branch of philosophy until the late 18<sup>th</sup> Century.  
39  
40 Psychology became a separate discipline after the German philosopher, Wundt (1832-1920)  
41  
42 opened the school of experimental psychology in 1879 (Alan, 2016).  
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45  
46 *Einfühlung* (in-feeling), was a concept created by the German philosopher, Vischer (1847-  
47  
48 1933) in 1872. At first, Vischer conceived it as the outward aesthetic appreciation of artworks  
49  
50 and nature (Montag, Gallinat and Heinz, 2008; Wispe, 1987). However, by 1873 he proposed  
51  
52 that optical impressions and feelings were interlinked (Schützeichel, 2013). Vischer viewed  
53  
54 this as a process in which we attribute emotional states to aesthetic objects or environments.  
55  
56 This process came to be known as the *Einfühlung* response (Schützeichel, 2013). In Vischer's  
57  
58 doctoral dissertation, *On the Optical Sense of Form*, he says:  
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3 This act, whereby we believe that we encounter our own interior life in what is  
4 inanimate, rests quite simply on a comparison. What is physically bright is  
5 compared to what is spiritually or emotionally bright, the dark and gloomy to  
6 dark and gloomy moods, and so forth. The comparison is drawn so  
7 unconsciously and instinctively that we, far removed from thinking of it as a  
8 mere resemblance, attribute emotional states as predicates to inanimate objects.  
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17 (Vischer, 1873, as cited by Schützeichel, 2013: p. 295)  
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20 Subsequent work on the *Einfühlung* response by philosopher and psychologist, Lipps (1851-  
21 1914), are said to have significantly influenced aesthetic discussions in Germany (Lanzoni,  
22 2018). It is agreed that Lipps introduced the concept of *Einfühlung* into psychology as he  
23 sought to comprehend, how is it possible to understand the minds of others? (Montag, et al.,  
24 2008). This resulted in a significant shift in the theory of *Einfühlung*. Lipps purported that  
25 *Einfühlung* went further than Vischer's conceptualisation and proposed a process in which  
26 people gain insight into others psychological states (Montag, et al., 2008). Lipps suggested by  
27 watching other's movements and affective expressions, or kinaesthetics, there is a simultaneous  
28 mirroring. As a result, the observer experiences corresponding feelings (Montag, et al., 2008).  
29 Despite Lipps's popularity, his theories came under criticism, particularly from the highly  
30 influential philosopher and founder of phenomenology, Husserl (1859-1938) (Depraz, 2017;  
31 Zahavi, 2010). Husserl met Lipps in 1904, shortly afterwards Husserl wrote a critical review  
32 of Lipps's conceptualisation of *Einfühlung* (Depraz, 2017). Husserl had doubts regarding the  
33 use of the word, *Einfühlung* and also criticised Lipps's claim that kinaesthetics stimulates  
34 *Einfühlung* (Zahavi, 2010). Husserl then developed his own ideas and contrary to Lipps,  
35 believed that people do not need to imitate in order to understand others (Nowak, 2011). For  
36 Husserl *Einfühlung* was "a form of participation in the being of another person, sharing in his  
37 spiritual life" (Węgrzecki 1992, as cited by Nowak, 2011: p. 321).  
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3 In 1901 psychologist Baldwin and colleagues compiled the *Dictionary of Philosophy and*  
4 *Psychology*, in which the term, ‘aesthetic sympathy’ appeared (Lanzoni, 2018). This book was  
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6 written to bring English translations of philosophical and psychological terms together from  
7  
8 Italian, French, and German materials (Lanzoni, 2018). When trying to decide on a translation  
9  
10 for *Einfühlung*, agreement could not be reached. As such, Baldwin proposed the term ‘aesthetic  
11  
12 sympathy’ (Lanzoni, 2017). However, by 1906 Baldwin reconsidered, suggesting that the word  
13  
14 ‘semblance’ may be better. Baldwin described ‘semblance’ as “...a certain feeling-into the  
15  
16 given object (*Einfühlung*), now made semblant, of the subject’s own feeling” (Lanzoni, 2018:  
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18 p. 49).  
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25 In 1909 psychologist, Titchener, makes a brief mention of empathy in, *Lectures on the*  
26 *Experimental Psychology of the Thought-processes*. When discussing kinaesthetics, he says,  
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28 “Not only do I see gravity and modesty and pride and courtesy and stateliness, but I feel or act  
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30 them in the mind’s muscle. This is, I suppose, a simple case of empathy, if we may coin that  
31  
32 term as a rendering of *Einfühlung*” (Titchener, 1909: p. 21). Although not citing a source for  
33  
34 *Einfühlung*, this was a pivotal moment, as empathy was introduced into the English language.  
35  
36 In 1915 Titchener writes, *A Beginner’s Psychology*, where he introduces receptive imagination,  
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38 a process where our minds create images of new ideas. Through this process, he says there is a  
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40 “feeling of our own concernment in the imagined situation” (Titchener, 1915: p. 198). He  
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42 further explains:  
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49 We have a natural tendency to feel ourselves into what we perceive or imagine.

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51 As we read about the forest, we may, as it were, *become* the explorer; we feel  
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53 for ourselves the gloom, the silence, the humidity, the oppression, the sense of  
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55 lurking danger; everything is strange, but it is to us that this strange experience  
56  
57 has come. We are told of a shocking accident and we gasp and shrink and feel  
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3 nauseated as we imagine it;... This tendency to feel *into* the situation is called  
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5 **empathy**; - on the analogy of sympathy, which is feeling together with another  
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8 (Titchener, 1915: p. 198).  
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10  
11 Here, empathy is considered as an introspective experience. In an attempt to distinguish  
12  
13 between empathy and sympathy, Titchener proposes that sympathy is a process of engagement  
14  
15 with the feelings of others. However, in later works Titchener would often use empathy and  
16  
17 sympathy interchangeably (Schliesser, 2015). Under Husserl's supervision, Edith Stein wrote  
18  
19 her doctoral thesis, *Zum Problem der Einfühlung*, later translated to, *On the Problem of*  
20  
21 *Empathy* (Stein, 1917/1989). Stein attempted to resolve the problems that existed around  
22  
23 empathy. She states the "problems emerging one by one in the literature on empathy before me:  
24  
25 aesthetic empathy, empathy as the cognitive source, of foreign [fremdes] experience, ethical  
26  
27 empathy, etc... This mingling showed me that no one has found a satisfactory solution so far"  
28  
29 (Stein, 1917/1989: p. 1). Stein attempted to bring a resolution to the debates that surrounded  
30  
31 empathy, but was unsuccessful as it remained a contested concept which continues today.  
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### 36 37 ***The Emergence of Empathy in Therapeutic Contexts***

38  
39 Concurrently, empathy was beginning to be used in therapeutic contexts. Freud (1856-1939)  
40  
41 was said to be a long-time admirer of Lipps (Pigman, 1995). Lanzoni (2018) suggests that  
42  
43 "Freud's notion of transference as the projection of one's feelings onto others, shares intriguing  
44  
45 links with Lipps's conception of *Einfühlung* as a projective illusory perception" (p. 32).  
46  
47 *Einfühlung* influenced Freud's thinking having originally been explored in *Jokes and Their*  
48  
49 *Relation to the Unconscious* (Pigman, 1995). Here Freud (1905/2001) states, "the origin of  
50  
51 comic pleasure which has been discussed here - its derivation from a comparison of another  
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53 person with our self, from the difference between our own physical expenditure and the other  
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55 person's as estimated by empathy - is probably the most important genetically" (p.  
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58 196). Freud does not indicate where his conceptualisation of *Einfühlung* came from, however  
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2  
3 he cites other concepts by Lipps on many occasions. While, Freud has not been recognised as  
4 making an explicit connection between empathy and the therapeutic relationship, some authors  
5 contend that he did. It is argued that this connection has been overlooked because of the  
6 mistranslation of Freud's work (Kaluzeviciute, 2020; Shaughnessy, 1995). Kaluzeviciute  
7 (2020) suggests, "without this empathic stance and transference connection, psychoanalytic  
8 work cannot begin or progress" (p. 19).

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Lipps's definition of empathy has all but been lost to history (Batson, 2011). By the late 1940s  
the definition shifted, and empathy began to be perceived as an interpersonal skill. This change  
informed the development of an empathy measurement scale by social psychologist, and  
colleague of Carl Rogers, Rosalind Dymond. Dymond (1949) defined empathy as being "the  
imaginative transposing of oneself into the thinking, feeling and acting of another and so  
structuring the world as he does" (p. 127). Carl Rogers was explicit with his opinions on  
empathy and its role within therapeutic relationships, he says "the ideal therapist is first of all  
empathic" (Rogers, 1975: p. 5). In attempting to provide exact definitions for his concepts,  
Rogers initially described empathy as a state of perceiving "the internal frame of reference of  
another with accuracy and with the emotional components and meanings which pertain thereto  
as if one were the person, but without ever losing the 'as if' condition. Thus, it means to sense  
the hurt or pleasure of another as he senses it" (Rogers, 1959: p. 210). The 'as if' condition  
refers to the recognition that it is, as if, the therapist was the one who had experienced the hurt  
or pleasure.

Despite the popularity of Rogers' teachings, his empathic approach came under some critical  
scrutiny (Kirschenbaum, 2004). Rogers says, "I was so shocked by these complete distortions  
of our approach that for a number of years I said almost nothing about empathic listening"  
(Rogers, 1975: p. 3). However, after being convinced by coexisting research that empathy was  
one of the most influential factors that could bring about client change, he developed a renewed

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3 interest (Rogers, 1975). Influenced by American philosopher Gendlin's (1926-2017) concept  
4 of experiencing, Rogers modified his definition for empathy (Rogers, 1975). Gendlin (1962)  
5 defines experiencing within counselling "to view therapy in the client as consisting of feeling  
6 events rather than conceptual insights" (p. 206). Rogers then conceptualised empathy as a  
7 process, in which the counsellor enters into another's experiences without judgment. He says,  
8 "it means temporarily, living in his life, moving about in it delicately...communicating your  
9 sensing of his world as you look with fresh and unfrightened eyes at elements of which he is  
10 fearful" (Rogers, 1975: p. 4). Early on, the dissemination of Rogers' therapeutic empathy led  
11 to diverse viewpoints regarding its usage, definition, and meaning. In tracing the definitions  
12 Hackney (1978) argued that Rogers fell short in providing a clear understanding of empathy  
13 given the ensuing definitions. For example, Kohut (1959) described empathy as being vicarious  
14 introspection, while Truax and Carkhuff (1965) define it as "the skill with which the therapist  
15 is able to know and communicate the client's inner being" (p. 5). Despite the definitional  
16 confusion, empathy remained an important therapeutic concept.

### ***Empathy in Social and Cultural Contexts***

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19 In the field of anthropology, there was a dearth of empathy research after American  
20 anthropologist Geertz critiqued the concept in 1977 (Throop, 2008). Geertz argued that people  
21 cannot understand another's experiences (Hollan and Throop, 2011). He explains:

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The truth of the doctrine of cultural (or historical – it is the same thing) relativism  
is that we can never apprehend another people's or another period's imagination  
neatly, as though it were our own. The falsity of it is that we can therefore never  
genuinely apprehend it at all. We can apprehend it well enough, at least as well as  
we apprehend anything else not properly ours (Geertz, 1977: p. 789).

Anthropologists developed a newfound interest in empathy, after the discovery of the mirroring  
system, or mirror neuron system (MNS), by neuroscientist, Rizzolatti, and his colleagues in

1  
2  
3 1992 (Hollan and Throop, 2011). The MNS is a distinct set of visuomotor neurons that were  
4  
5 discovered in the Macaque monkey (Hollan and Throop, 2011; Winerman, 2005). In humans,  
6  
7 it is suggested that the MNS is a mechanism by which others' emotions can be understood  
8  
9 (Pfeifer, Iacoboni, Mazziotta and Dapretto, 2008). For example, when research participants  
10  
11 observed others facial expressions associated with the emotions, anger, fear, happiness, and  
12  
13 sadness, the MNS became activated. Subsequently, a similar emotion, to that viewed, was  
14  
15 evoked in the observer. The activation of the MNS neurons helps to explain how we feel  
16  
17 empathy for others, in particular affective empathy (Pfeifer, et al., 2008). This and other similar  
18  
19 research support the premise that empathy is hardwired within the brain (Decety, 2010). It is  
20  
21 thought that evolution has shaped human brains to be susceptible to feeling the distress of  
22  
23 others (Decety, 2010; de Waal, 2008), particularly the ability to understand distress in offspring  
24  
25 which is considered critical to their survival (Decety, 2010).  
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31 In the early 2000s, primatologist Frans De Waal and psychologist Stephanie Preston first  
32  
33 detailed the perception-action model (PAM) of empathy (Walter, 2012). PAM was developed  
34  
35 in an attempt to integrate the differing conceptualisations of empathy in research findings from  
36  
37 cross-species literature. According to this model when we perceive the emotional states of  
38  
39 others, there is an automatic somatic response. Walter (2012) summarises:  
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44 The attended perception of the others state automatically activates the observer's  
45  
46 representation of the state and these automatically generate autonomic and somatic  
47  
48 responses that are associated with that state. In other words, observing an emotion  
49  
50 in someone else automatically generates (parts of) that emotion in the observer (p.  
51  
52 11).  
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56 This automatic affective response was originally referred to as a 'bottom-up' process, or direct  
57  
58 theory of perception, by James Gibson in 1966. In contrast cognitive processes were considered  
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3 ‘top-down’, or constructivist theory, by Richard Gregory in 1970 (McCloud, 2007). Gregory  
4  
5 hypothesised that perception is based on prior learning where we construct our understanding  
6  
7 of reality from stored knowledge, whereas Gibson argued that perception comes from our  
8  
9 innateness and that no learning is required (McLeod, 2007). According to Jankowiak-Siuda,  
10  
11 Rymarczyk and Grabowska (2011) empathy can be explained using both bottom-up and top-  
12  
13 down processes. They assert that bottom-up processing occurs via the MNS, leading to a  
14  
15 sharing in the emotional states of others. In top-down processing or cognitive perspective-  
16  
17 taking, emotions of others can be imagined and cognitively understood.  
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### 22 ***The Social Cognitive Neuroscience of Empathy***

23  
24 Empathy appeared in neuroscientific literature in 1967 through American neuroscientist, Paul  
25  
26 Maclean (Marsh, 2018). MacLean (1967) described empathy as “the capacity to identify one's  
27  
28 own feelings and needs with those of another person” (p. 374) and considered it foundational  
29  
30 for caring in the field of medicine. He implored future researchers not to neglect its study. More  
31  
32 recently empathy has come to the attention of social cognitive neuroscientists (Rameson and  
33  
34 Lieberman, 2009). Two distinctly different methods to eliciting empathy have been used in  
35  
36 neuroscientific research and both rely on functional magnetic imaging (fMRI) for  
37  
38 measurement. The first method (empathy for pain) uses electrical stimulation to induce  
39  
40 physical pain in the participant and the subsequent witnessing of another person receiving the  
41  
42 same painful stimulation. The second method (picture-based approach) uses picture-based  
43  
44 stimuli of people's feet and hands, in non-painful and painful situations (Lamm, Decety and  
45  
46 Singer, 2011; Singer, Seymour, O'Doherty, Kaube, Dolan and Frith, 2004). A meta-analysis  
47  
48 of 41 studies using these two different methods, concluded that empathy for pain, or affective  
49  
50 empathy, both when experiencing and observing pain responses, automatically activates  
51  
52 regions in the brain associated with feeling physical pain. This meta-analysis found that the  
53  
54 picture-based method engaged regions associated with a cognitive understanding of others  
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3 psychological states, otherwise known as cognitive empathy (Lamm, et al., 2011). Klimecki  
4 and Singer (2011) argue that the term compassion fatigue is misleading and should be replaced  
5 by empathic distress fatigue. Subsequent research by Klimecki, Leiberg, Ricard and Singer  
6 (2014)—investigating brain plasticity after compassion and empathy training—concluded that  
7 affective empathy may be maladaptive, as indicated by empathic distress as the primary source  
8 of burnout. Further, analysis from this research (Klimecki, et al., 2014) suggests that feeling  
9 the emotions of others may be detrimental to those working in environments where they are  
10 exposed to the continual emotional distress of others.

11  
12 This discovery of the neural underpinnings of empathy has begun to provide some insight into  
13 this complex phenomenon (Klimecki, et al., 2012). Here we can see that the neuroscientific  
14 research of empathy has changed the view of empathy from that of an interpersonal skill to one  
15 that constitutes a hardwired neurobiological ability and potentially detrimental to workers  
16 wellbeing (Riess, 2017).

### 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 **The Historical Emergence of Empathy in Social Work**

35  
36 The concept of empathy is not new within social work and appears within the earliest  
37 beginnings of the profession, initially through the case work writings of social work pioneer,  
38 Mary Ellen Richmond (1861-1928). In defining the nature of the client-worker relationship,  
39 Richmond refers to sympathy, consistent with Titchener's interchanging of the concepts of  
40 sympathy and empathy at the time. In *What is Social Case Work?* she explains that case work  
41 should be guided by "affection, patience, and personal sympathy" (Richmond, 1922: p. 255)  
42 and refers to imaginative sympathy. Richmond (1922) says, "probably the case worker's  
43 ability...was due more to her imaginative sympathy than to any other one thing" (p. 37). While  
44 Richmond's source of the term is not clear, Sympathetic imagination was posited by Scottish  
45 philosopher, Adam Smith (1723-1790), in *The Theory of Moral Sentiments* (Smith, 1759).  
46 Smith described it as being a shared understanding of other people's emotions and experiences.  
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3 When sympathising with others, we are able to take their perspective through the use of  
4 imagination (Churcher, 2016).  
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7  
8 Elsewhere, Jessie Taft (1882-1960), of the Pennsylvania School of Social Work, wrote about  
9 priceless sympathy (Lanzoni, 2018). Taft was influenced by Austrian psychoanalyst and  
10 Sigmund Freud protégé, Otto Rank. Rank's 1924 manuscript, *A Trauma of Birth*, led to Freud  
11 and Rank vehemently disagreeing on fundamental psychoanalytical concepts (Deegan, 1986).  
12  
13 In 1926 Rank moved to America after being expelled from Freud's inner circle. (Kramer,  
14 1995), and under the sponsorship of Taft, began teaching at the Pennsylvania school (Deegan,  
15 1986). When discussing empathy, Rank used the German word *Einfühlung*, which he defined  
16 as a conscious act of connection and identification (Kramer, 1995). Inspired by Rank, Taft  
17 posits priceless sympathy, which she defines as one entering "into the work or behaviour of  
18 another without resistance" (Taft, 1930, as cited by Lanzoni, 2018: p. 137).  
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32 It is widely accepted that social work was hugely influenced by humanist psychologist Carl  
33 Rogers (1902-1987), through his teachings on empathy and the person-centred approach (King,  
34 2011; Social Care Institute for Excellence, 2004). It is also accepted that Rogers' work has led  
35 empathy to be core to good social work practice (Stanley and Bhuvanewari, 2016). Early in  
36 Rogers' career, he worked in positions within the American Association of Social Workers  
37 (Kirschenbaum, 2004). In the 1930s, Rogers worked alongside social workers, who had trained  
38 at the Pennsylvania social work school, whilst working at the Society for the Prevention of  
39 Cruelty to Children in Rochester, New York (Kramer, 1995). Rogers later writes that he was  
40 significantly influenced by Rankian ideas and credited Rank with the development of his client-  
41 centred approach (Kramer, 1995). In 1975 Rogers says that he met a social worker with a:  
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55 background of Rankian training, [who] helped me to learn that the most effective  
56 approach was to listen for the feelings, the emotions, whose pattern could be  
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3 discerned through the client's words. I believe she was the one who suggested that  
4  
5 the best response was to 'reflect' these feelings back to the client...it improved my  
6  
7 work as a therapist, and I was grateful (Rogers, 1975: p. 2).  
8  
9

10 While Rogers has been credited with influencing social work it is evident that there was an  
11  
12 exchange of ideas between Rogers, the Pennsylvania social workers, and Otto Rank.  
13  
14 Following, the retirement of Taft and unexpected death of Rank, Rogers went on to integrate  
15  
16 their work into his own, saying they were an "important point of origin" (Rogers, 1942: p. 28).  
17  
18 These ideas made their way around the world via the influence of many US social work scholars  
19  
20 and writers, and overtime empathy was taken up as a concept into other practice settings.  
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24 Recently the influence of humanistic psychology on social work has been brought into  
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26 question, especially Carl Rogers work. It has been argued that the lack of critical analysis on  
27  
28 the application and relevance of counselling theory to social work has created fundamental  
29  
30 problems when applying concepts, such as empathy, into other practice settings than the  
31  
32 therapeutic intervention or clinical social work (The Social Care Institute for Excellence,  
33  
34 2004). Although social work researchers have made some attempt to understand empathy using  
35  
36 various methodologies, few have offered conclusive findings. For instance, a comparative  
37  
38 study by Greeno, Ting and Wade (2017) of 401 social work and 71 nursing students found  
39  
40 differing definitions, recommending that further research was needed to clearly define  
41  
42 empathy, and the skills used in its demonstration. Another using a reflective and  
43  
44 phenomenological method explored how social work and welfare students defined and  
45  
46 conceptualised empathy. Here, thematic analysis of the student's explanations described  
47  
48 "compassionate empathy, comparable empathy, conditional empathy, and dispassionate  
49  
50 empathy" (Gair, 2010: p. 44). In a later study Gair (2011) recommended that more research  
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52 was required to better understand empathy and its place in social work.  
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## Discussion and Implications for Social Work

Empathy has a contested history which has seen it attract multiple definitions and meanings (see table one for a summary of findings). Although considered essential to social work practice, there is a lack of a shared understanding for the concept, and social work would benefit from further investigation into the meaning and practice of empathy. This historiography portrays the complex and contested understanding of empathy. As it came to the attention of various authors, in and across disciplines, the concept has been transformed and developed in relation to different social practices. This has resulted in an empathy conceptualisation with multiple, often debated, definitions and meanings. Despite considerable attention, these definitional debates remain unresolved. Consequently, social work lacks a cohesive theoretical foundation for empathy on which to base research and practice. This raises two significant problems.

[insert table 1 about here]

Firstly, because of the lack of an agreed social work definition for empathy, researchers must first determine which version is to be studied. Social work researchers need to translate interdisciplinary pieces of knowledge into social work specific contexts. This makes the synthesis of research findings problematic and the application of recommendations difficult. Furthermore, if researchers do not clearly articulate the particular definition under investigation, there is a risk of the incongruity of meaning, potentially impacting on the rigour of findings. Currently, there remains a gap in understanding of what notion of empathy is adopted in therapeutic practice, what its theoretical underpinnings are, and how empathy impacts on therapeutic relationships.

Secondly, as empathy is considered critical to good social work practice, multiple definitions foster confusion. This lack of consistent meaning means that it may be unclear for workers

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2  
3 seeking to use empathy in a deliberate and critically reflective manner in practice. For example,  
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5 are practitioners ‘walking in people’s shoes’ or working in ways to ‘feel other’s emotions’?  
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7 The answer to either question presupposes different theoretical orientations and different  
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9 methods of empathic feeling and reasoning. A clearer understanding would enable social  
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11 workers to practice from a cohesive and theoretically sound approach.  
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15 Social work would benefit from further investigation and debate over the theory, meaning and  
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17 practice of empathy as a concept-in-use, related to the social practices of our own speech  
18  
19 community (Goering, 2013). Given that empathy is such a widely used and accepted idea in  
20  
21 social work, problematising its conceptual history, as we have undertaken in this paper, can  
22  
23 contribute to critical analysis, which is important to reduce confusion and allow for the creation  
24  
25 of critically informed disciplinary understandings of empathy in social work. Additionally, it  
26  
27 will mean that findings across studies can be compared and contrasted. Further, this paper  
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29 provides the basis from which social workers might reflect upon and be critical of how they  
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31 are using the concept of empathy in their practice.  
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Table one – Summary of findings

School of Thought/Context	Summary	Implications for Social Work
Philosophy and psychology	Originally associated with aesthetics, artwork, and nature. Developed into a process to try and understand the psychological states of others. Lipps (imitation). Husserl and Stein (spiritual, or the body expressing meaning). Titchener (feeling of concernment, through perceived or imagined situations).	Provides a meta-purpose, perspective, or theory of human nature. Aims to build understanding of human experience in a broad holistic manner, to engage in the phenomenology of empathy.
Therapeutic contexts	Interpersonal epistemological skill/tool/process, enabling access, and understanding of other's inner experiences.	Empathy is argued as a therapeutic construct and an essential aspect of good practice.
Social and cultural contexts	Empathy consists of two processes, affective and cognitive. These processes are hardwired within the brain and shaped by evolution.	Social workers and educators need to understand, teach, and develop skills in cognitive empathy. Empathic skills and a pedagogy for empathy needs to be socially and culturally nuanced.
The social cognitive neurosciences	Empathy for pain, or affective empathy automatically activates regions in the brain associated with feeling physical pain. Whereas cognitive empathy provides an intellectual understanding of others psychological states. Affective empathy may be maladaptive and a source of burnout.	Empathy in practice may elicit states of pain and emotional distress. Social workers need appropriate education, training, support, and organisational resources to ameliorate empathic distress.