Walking a Mile in Another Person's Shoes: Contemplating Limitations and Learning on the Road to Accurate Empathy

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Empathy is a very familiar term in social work and welfare education. It generally is promulgated in the literature to mean accurately perceiving of, or feeling, the experiences and emotions of another. Yet a broader literature review reveals that some of the helping literature may present an unreachable or, conversely, quite a narrow vision of empathy. Further, the literature may offer a confused range of definitions and much of the literature may fail to offer clear guidance about how we might learn empathy, particularly in a cross-cultural context. In this article, relevant helping literature is reviewed regarding the definitions and limitations of empathy, previous research is reviewed, and some assumptions about empathy are explored. How helpers (and educators) might learn and enhance their empathy skills is contemplated.

Introduction

You have to be able to venture into worlds that aren't your own, otherwise you're extremely limited (Gavron cited in Bodey 2008, 16).

Walk a mile in my shoes, walk a mile in my shoes, and before you abuse, criticise and accuse, walk a mile in my shoes (lyrics by Joe South, Lowry Music, Inc. 1969).

In the social work and welfare curricula in the Department in which I teach, the concept of empathy is implicit in many of the subjects taught. It is discussed explicitly in the teaching of interpersonal skills. However, nestled within the counselling skills subject in between active listening and paraphrasing, empathy does not really get comprehensive coverage. It is more of an assumed or agreed mutual understanding, or an implicit shared acceptance that we all know what it is, and that many students probably already possess it or why would they want to do social work or welfare studies? Empathy may be generally understood as accurately perceiving the experiences and emotions of another person (Rogers, 1957/1992), yet more specific definitions, and the actual mechanisms of empathy seem less clear (Duan and Hill, 1996).

Critical self-reflection

Recently I was prompted to revisit my own understanding of empathy as a social welfare educator and practitioner. At the time, I was working in a voluntary capacity with a local community network desperately trying to assist a distraught woman, with some significant disabilities, to retain her independence in the face of a looming Queensland Adult Guardian order. The order was supported by her family, and it was seeking to rule that she no longer 'had capacity' (ultimately we were unsuccessful in our quest). She had said to me on several occasions when I had visited her *...you don't really understand ... this is killing me... I am in prison... I have lost my life.* We had

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talked often about the grief, anger, fear, powerlessness and betrayal she felt, and I (with three other welfare professionals) had made a huge effort to help her precisely because of my empathy for her deeply distressing circumstances. Yet at the end of our coffee together I was able to walk away in my own shoes, and I really had not walked very far in hers. I reflected on these conversations over time, and this contemplation has provoked me to think beyond her circumstances to ask myself bigger questions about what are the complexities and limitations of empathy. Further, in a reflexive way (D'Cruz, Gillingham and Melendez, 2006), I wondered whether empathy is given less attention in helping texts, and in my own teaching, than it deserves, and whether some students may be missing out on 'learning' empathy.

Before beginning my review of the relevant literature on empathy, I first sought clarity with synonyms from Longman Pocket Roget's thesaurus. This thesaurus lists compassion, sympathy, imagination, understanding, realisation, sentiment, goodwill, kind-hearted, humanity and benevolence. I noted that sympathy is synonymous with empathy in this thesaurus. Yet, that position is not aligned with the helping literature where attempts are made (moderately successfully in my view) to draw clear definitional differences. A review of the literature revealed a large and complex body of work, not conclusive, in agreement, or offering clarity or direction. A selection of the literature relevant to this discussion is synthesised below.

Understanding Empathy: History and Definitions

According to Hankammer, Snyder and Hankammer (2006) empathy research is over 100 years old in its development. In the late 19th century, Vischer used the term 'Einfuhlung' 'to mean humans' spontaneous projection of real psychic feeling into people and things they perceive' (Duan and Hill, 1996, 261). Use of this term was in line with a shift in perception from an objective stance to one accommodating more 'contemplation of the world' (Duan and Hill, 1996, 261). According to Duan and Hill (1996, 261) Lipps contributed to advancing the theory of 'Einfuhlung', while Titchener (1924) first coined the term 'empathy' in 1909, to mean a process of humanising objects and 'of reading or feeling ourselves into them' (Hankummer et al., 2006, 9; Titchener, 1924). Kohut's work (1959, cited in Arnold, 2005, 32) emphasised the need for an understanding of another person by empathising with that person's reality and with their interpretation of their own experiences. Kohut's work is attributed with pioneering a departure from earlier scientific perspectives, and informing psychoanalytical and client-centred approaches, and student-centred learning pedagogies (Arnold, 2005).

Egan (2007) writes that empathy is a rich but confused concept (2007, 55). In western definitions the concepts of 'empathy' and 'sympathy' appear to be closely related and, whilst differentiation often is stressed in professional texts, the terms appear quite close with different emphases evident within different professional literature. For example, Trevithick (2005, 156) and Boulton (1987, 271) define empathy as *feeling with* the client, rather than *feeling for* the client (sympathy). Somewhat at odds with this definition, Hojat, Gonnella, Nasca, Mangione, Vergare and Magee (2002, 1563) state that in medical literature empathy and sympathy are often 'mistakenly tossed into one terminological basket' but that 'empathic' practitioners' share their *understanding* while sympathetic practitioners share their *emotions (feelings)*. Hojat et al (2002) do concede the two concepts do not function independently. Many helping texts familiar

in social work and welfare education appear to differentiate between sympathy and empathy while inferring that the desirable position is empathy.

Discussing social work skills Trevithick (2005, 154) says 'the ability to be empathic is one of the most important skills… it involves attempting to understand thoughts, feelings and experiences from another person's point of view… in order to understand how they might be feeling'. Trevithick (citing Kadushin 1997) confirms that 'it goes beyond sympathy (passive understanding) in conveying a willingness 'to enter imaginatively into the inner life of someone else' (2005, 154). Of interest, Trevithick discusses the work of Dominelli (2002) attributing to that author the view that 'empathy goes beyond placing oneself in another's shoes by daring to put them on and wear them for a while'. However Trevithick (2005, 154) questions this position, asking 'whether it is actually possible to experience another's reality in this way', and concluding 'it clearly is not'.

Equally, Compton and Galway claim that 'full knowledge of another being is something forever beyond attainment by anyone and it can only be approached, but never achieved'. Indeed they argue if the worker felt like the client, 'they would be unable to introduce the differences in thinking and feeling that bring about change' (Compton and Galway, 1979, 177)

O'Connor, Wilson and Setterlund (1997, 95) identify 'partial empathy' as an 'excitement which comes from total identification with another's experiences' although they note it is often short lived. On the other hand 'true empathy', they continue, 'sharing the pain and confusion of another person's emotional… conflicts… (is) more effective' (1997, 95). Confusingly, Nicholson and Bayne (1990, 39) use the terms paraphrasing and 'basic empathy' interchangeably.

For Geldard and Geldard (2005), empathy is 'having a togetherness with the client …going on a journey with clients, listening with sensitivity, matching their every move…walking beside the client' (p18). Contributing to a discussion on empathy in working to bridge cultures in Aboriginal health, Eckermann, Dowd, Chong, Nixon, Gray and Johnson (2006, p113) remind the reader that empathy and sympathy are closely related and 'usage in most cultures overlap'. Sympathy, they state, 'basically means sharing another's feeling' while empathy is 'often portrayed as walking a mile in another person's shoes'. This familiar adage, according to Bolton (1987) is said to be based on the story of the epic barefoot walks by John Woolman to experience the painful encounters of 'black slaves' by putting himself in the slave's place (Boulton 1987, 269). Boulton continues that the empathic person is 'able to crawl into another's skin and see the world through their eyes (1987, 269). Carl Rogers (1956/1992), the American psychologist and passionate proponent of a client-centred therapeutic approach, describes empathy as accurately perceiving of the internal frame of reference of another. Rogers (1956/1992, 832) states that

 to sense the client's private world 'as if' it were your own but without ever losing the 'as if' quality - this is empathy and this seems essential to therapy.

Combined with genuineness and unconditional positive regard, Rogers claims such an approach will empower a client to move forward (Hankummer et al., 2006; Rogers, 1956/1992).

Writing in the medical literature, Haslam (2007) argues that empathy can be defined as the capacity to take the perspectives of others, to be sensitive to their inner experience, and to engage with them compassionately, rather than simply sharing their emotions (sympathy). However, Haslam (2007, 381) notes that it is not only an 'appreciation of the patients' emotions' but an 'expression of that awareness to the patient' that constitutes empathy (Stepien and Baernstein, cited in Haslam, 2007). Similarly, Hojat et al (2002, 1564) define empathy as a cognitive attribute that involves an ability to understand the patient's inner experiences and perspective *and* a capability to communicate that understanding.

Haslam (2007) identifies that empathy is associated with positive clinical outcomes for patients, a positive effect on the therapeutic relationship, and a greater sense of accomplishment and wellbeing for the practitioner. Equally, a loss of empathy, or conversely, a total identification with another's experiences, may lead to a self protective disengagement from people's suffering, may be associated with creeping cynicism, and may lead to a sense of hopelessness regarding perceived therapeutic failure. This emotional state may interact with or be associated with conditions such as burnout or compassion fatigue (Figley, 2002; Geldard and Geldard, 2005; Haslam, 2007; O'Connor, Wilson and Setterlund, 1997).

Harris and Foreman-Peck (2004) write from an educational perspective that empathy is generally used in everyday terms to mean a sense of understanding someone else's state of mind, and it is used to imply not only appreciating someone else's beliefs, values and thoughts but also the significance that their predicament or situation has for them and the associated feelings they are experiencing. They further argue that the ability to empathise requires an effort of the 'informed imagination' (2004, 2). They argue that helpers cannot experience another's feelings in a literal sense but propose they can understand the feeling state; and can have insight into the 'feelings of' the experience. They add, importantly, that we can empathise without compromising our ability to evaluate the events; that is, empathy conveys an understanding about how it must feel but need not suspend an evaluation of the causes or consequences of the event. Additionally, they argue we might choose to use our imagination, in place of any moral judgement, to facilitate our empathy while remaining attuned to a bigger context. Finally, and worthy of note for later discussion, Harris and Foreman-Peck (2004, 3) identify that to inform our empathy we normally draw on our understandings of what people *generally do and feel in such circumstances,* combined with *our own personal life experiences (*emphasis added).

Relevant to this discussion and the contemporary Australian context, Canadian authors Bryant and Clark (2006) argue that understanding history, particularly for Indigenous peoples, is crucial. They argue that gaining 'historical empathy' (they admit the concept may be contentious) goes beyond 'emotive empathy' to cognitively acknowledge history in its own context for Indigenous peoples, while admitting there are limitations on our ability to understand the past. This latter point on a missing historical understanding and compassion also is argued by Pearson (2008).

Taking a radical stance, Fook (1993, 112) is critical of definitions of empathy where only a client's feelings and perceptions of their 'personal world' are explored. Accurate empathy, according to Fook, 'should reflect all perceptions, ideas and

feelings' including those about the client's 'social world' (1993, 112). Fook (1993) names such a response 'social empathy'. Allan (2003, 66) takes a similar, critical stance, stating that 'structural empathy' can be used as an analytic tool to uncover overlooked political understandings. Mullally (2007) and Jessup and Rogerson (1999) also seek to extend personal empathy beyond our current conceptualisation which often is limited to a humanist discourse. For these authors a critically reflective approach to empathy could acknowledge broader theoretical frameworks and could encapsulate an educative, consciousness raising, structural and post-structural empathy.

Understanding empathy: Reviewing research (in brief)

Duan and Hill (1996, 269) identify confusion in empathy literature and research and they identify that while there is a considerable amount of research, an understanding of empathy still is limited.

Batson et al (cited in Brewer & Crano, 2000) undertook extensive research in the area of empathy and motivation and concluded that people feel empathy and want to help for many reasons including when they are similar to the person needing help, when they see severe distress in the facial expression of the other person, if they actually feel distress at the person's circumstances, if they (the person in need) are in an identified 'needy' group or, if they (helper) think they will see the results of their help. Research by Batson et al (cited in Brewer and Crano, 2000) also found that people will be more motivated to empathise if they are asked to imagine how they might feel if it was them, or when individuals are encouraged to focus on and advance their ability to empathise. They concluded that helpers can learn empathy.

Some of the identified confusion surrounding empathy, according to Duan and Hill (1996) arises from three different constructs of empathy. These constructs are: empathy as personality trait (that is, some people naturally will be more empathic than others), situation-specific cognitive-affective state (the situational context, coupled with additional factors such as motivation and altruism), and empathy as a multi-staged process. Duan and Hill (1996) describe how the concept of empathy commonly has been understood as 'cognitive empathy' (taking the perspective of another), or 'affective empathy' (focusing of the emotions of another) or, as a combination of the two. Feller and Cottone (2003) claim, reflecting the thoughts of Rogers, that empirical evidence strongly suggests that a counsellor's use of empathy and related constructs within the therapeutic alliance contributes significantly to therapeutic outcome, although not all agree (for example see Gladstein, 1983 cited in Duan and Hill, 1996).

Past research has suggested females of all ages will exhibit higher levels of empathy than do males, reflecting a perspective of gender traits. Other research contests these findings, suggesting a 'female role orientation' more closely is linked to empathy, combined with awareness of gender discrimination for women (Constantine, 2000). A number of researchers have explored perspectives of both clients and helpers regarding perceived empathy in the therapeutic engagement. A range of factors have been identified that may influence this perception including value differences between client and counsellor, counselling style, the timing of the empathy expressed, the context of the empathy expressed, or whether less or more self disclosure was used by the counsellor (Duan and Hill, 1996). Of interest, Duan and Hill (1996) argue that the

actual process of measuring self-perceptions of empathy in past research has been a flawed approach. Research further suggests that empathy may be influenced by factors including a counsellor's mood, their level of verbal and non-verbal communication skills, knowledge of the client, and awareness of both their own (the helper's) and the client's culture (Duan and Hill, 1996). While some research suggests empathy could be either helpful, only helpful in specific situations, or even interfering (Gladstein, 1983 cited in Duan and Hill, 1996), a more commonly accepted position is that empathy is at the heart of a helpful alliance.

Limitations and Assumptions about Empathy

From the above discussion it is evident that there is a quantity of literature offering varied discussion of empathy, although clarity is not apparent and definitions are confusing. What appears even less evident in the literature is how to teach, learn and do empathy. How do we actually imagine others' lives and circumstances? How do we feel the fear, powerlessness and depression of the woman previously mentioned who describes herself as having been forced into a prison environment - a high care nursing home - at the age of 63. How do we accurately *feel* the trauma of war as felt by thousands of Australian Returned Servicemen and women; soldiers who were socialised to partake actively in battle but encouraged to remain silent about the horror of war while suffering in that silence? How do we understand the Vietnam Veteran experience of being shamed and rejected upon at their homecoming? How do I (as non-Indigenous counsellor, community worker, or educator) possibly understand the experiences of members of the Stolen Generation? Torn from their culture, parents, siblings, land and language, such trauma is foreign to most non-Indigenous Australians. The legacy for Aboriginal children and their families of this lethal fragmentation of culture is irreversible damage including severe mental health issues, immeasurable grief, intergenerational violence, crime, and suicide and a massive loss of cultural identity (Pearson, 2008; Pearson, 1994; Bringing Them home Report, 1997). How do we feel empathy for such trauma that many Australians have not experienced?

As noted above, Harris and Foreman-Peck (2004) state that we normally draw on our understandings of what people *generally do and feel in such circumstances, combined with our own life experiences (*emphasis added*)*. Yet these scenarios are exceptional circumstances and not experienced by the general community. It becomes clear to me that, while I might be able to empathise somewhat with a woman aging in western society, I am not imprisoned as is the woman in the scenario outlined and, in the case of the returned Vietnam Veterans or members of the Stolen Generations, I have limited general experience from which to draw. Of course, for two of the above scenarios the Australian society has changed its position. Finally, a welcome home for Vietnam Veterans and a National Apology for the Stolen Generation were forthcoming. However, our changed value position begs a new question. Is it the case that our empathy mirrors social norms and values and the dominant ideology?

Adding weight to such a proposition, that empathy might be influenced by a deserving/undeserving discourse, when Trotter (1998, as cited in Stitts and Gibbs, 2007, 21) interviewed non-abusing mothers of sexually-abused children, it was found that the responsibility of the abuse was attributed to the mothers (mother blaming, failure to protect) and they were denied support and were treated with a lack of

empathy from professionals that was tantamount to being totally dismissed. Equally, Krulewitz (1985, cited in Duan and Hill, 1996, 265) found that a victim's perceived innocence influenced empathy, and that rape victims perceived to be attacked by a stranger secured a more empathic reaction.

In considering further assumptions related to empathy other than those mentioned above (innocence, deserving or undeserving), the literature identifies some significant taken-for-granted notions.   For example, highlighting an assumption that was alluded to earlier, Clark (2000) says it is extremely presumptuous that we really believe that we can walk in the shoes of another who have experienced a totally different cultural life. One academic solution to remedy our ignorance might be that we do a literature search and review on cultural groups and situations that are unfamiliar to us. However, we might subsequently ask would such learned empathy be built on second-hand knowledge? For example do we mostly know about Indigenous people from written accounts by anthropologists, (about wars from journalists, about clients from social workers)? Can we assume *our common humanity* is enough?

Related to the above discussion, have we generally assumed that 'feeling with' the client or client group, in a client-centred, humanist way, is sufficient? Can empathy reasonably ignore social, historical, cultural, gender and political positioning or should it reflect these structural understandings (Allan, 2003; Fook, 1993; Mullally, 2007).

Another assumption appears to be the positioning of the helper as an expert in the skill of empathy- that is, the 'expert' would know how the client is feeling and their empathy would be accurate, yet Clark (2000) wonders how this could be the case for those whose culture, history and background are completely different from the client group or community. Okun (1982) asserts that helpers should remember there are differences between groups and, that what is empathic for one helpee may not be so for another.

Several additional assumptions are evident.   One appears to be that empathy is unidirectional. Almost all literature reviewed for this discussion appeared to implicitly assume that empathy was a unidirectional process, that is, it is the helper who would be expressing empathy for the client. There is little suggestion that empathy could be a two-way interaction. Exceptions include Clark (2000) and Mullally (2007, 305) who make mention of facilitating a process of dialogue, mutual learning and critical questioning through the helper's expressed empathy.

Further assumed in the literature appears to be a sense of generalisability, that is, all people with similar circumstances would have similar responses and we could base our empathy on that general premise (Harris and Foreman-Peck, 2004). Equally, we may assume that all people will convey their feelings in a similar way, and we may not perceive that client groups would convey their feelings in their own cultural, gender, age, spiritual, and historical context, and that their facial expressions will be based in that context.

Finally, some literature reviewed reveals the notion that empathy may be constrained by social norms, values, and judgment (Trotter, 1998, cited in Stitts and Gibbs, 2007; and Krulewitz, 1985 cited in Duan and Hill, 1996, 265).   It seems useful to note the writing of Stanley (2006, 14), who identifies that the master narrative is a 'script that

specifies and controls how social processes are carried out', while stories running opposite or counter to the presumed order and control are counter narratives. According to Stanley (2006, 23) when master narratives meet counter narratives there should be a deliberate intent to privilege counter narratives, that is, *those experiences other than the generally understood, common sense experience.*

Gaining empathy

Haslam (2007) says that empathy can be lost, but also can be gained. This final section supports the assumption that empathy is a multi-staged process and involves learned skills (Arnold, 2005; Clark, 2000; Duan and Hill, 1996; Haslam, 2007; Jessup and Rogerson, 1999). Limited literature offers useful guidance for gaining or learning empathy. Some strategies suggested are:

1. *Become a learner (particularly in a cross cultural helping context)*
Clark (2000) says helpers need to *learn* empathy by taking the stance of learner each and every time they are listening, to hear and begin to understand *this person's unique, individual, personal, cultural frame of reference*. According to Clark (2000) this stance offers respect, and recognises the uniqueness of each individual. This may be compared with, and considered different from, dumping (Dominelli, 1989) where Indigenous people are expected to act as cultural experts and educate others. In a Pacific cultural context, Petersen (2006, 9) argues that social work practitioners who come from a deficit, remedial practice position need to 'lose the expert role' when working in Pacific communities in order to be helpful. According to Constantine (2000) the acquisition of general empathy may need to precede cultural empathy, which can be facilitated through experiential exercises to identify personal experiences of prejudice, and immersion into the beliefs, values and practices of the group of interest. Tertiary educators need not be exempt from taking a learner stance regarding empathy. A 'deeper student learning' about empathy seems warranted and educators who are more in tune with a range of definitions of empathy (including exploring non-western definitions of empathy with students), and who might model a rotating or circular teaching and learning process with students, may better facilitate student-centred learning of, and their effective use of, empathy (Gair, 2008; Gair and Muller, 2008). Of course, while a cross-cultural context is emphasised in this article, the principles and practices for *learning* empathy can be applied when working with many people, including students, persons with a disability and veterans (groups who were noted in this paper when discussing my reflections), and most groups and contexts.

2. *Accept that empathy is a two way process*
In the past, rather like didactic teaching and learning approaches, empathy may have been viewed as a unidirectional process. Clark (2000) says empathy, particularly in a cross-cultural context, is a progressive dual process and not a unidirectional process. The client, family or community can recognise from sensitive questioning and facial expressions that the helper is trying to walk with them, and they begin to trust the helper enough to give the helper more information so the helper can understand; that is, the client group have empathy for the helper's lack of knowledge. For this process to succeed, helpers need to be reflective practitioners, and see that their knowledge is partial and could be wrong. Eckermann et al (2006) highlight the view that empathy is based on trust, that trust takes time, and that empathy works when the helpee can trust the helper, and trust that the helper is able to tune in, in some way, to their lived

experiences. This involves the client taking risks with the helper to help them understand, and the helper needs to recognise that trust and empathy build up over time and that empathy is a two way process.

3. *Use of interpersonal communication skills*
Related to the above two strategies, Eckermann (2006) says an empathic listener resists the temptation to filter the story through their own filters but rather uses deep listening, sensitive open questions, facial expressions, observation, and gut reaction to understand (learning from the client). Importantly, helpers need to express their growing understanding and awareness of the client's lived experiences to the client - as they have heard it (Hojat et al., 2002 and Haslam, 2007) in its social, political, structural or historical context (Bryant and Clark, 2006; Fook, 1993; Jessup and Rogerson, 1999; Pearson, 2008). The interpersonal skill of critical questioning may help facilitate such empathy (Fook, 1993; Jessup and Rogerson, 1999). Helpers also may need to seek out authentic narratives, and undergo cultural awareness where applicable to increase their understanding and empathy. Arnold (2005) says that educators must actively help students to develop their empathic intelligence. She emphasises assisting students through our teaching to *decentre* their own feelings, and to listen deeply and try to feel another's experiences. Empathic counsellors also need to be alert to dominant discourses (Stanley, 2006), and social or political assumptions or judgments as they take time and use their imagination to perceive the journey of the other that may not be the common experience.

Conclusion

It may be the case that 'walking a mile in the shoes of another' is less achievable than we may have taken as a given. Equally, teaching and learning empathy skills may have received less emphasis and less scrutiny in the broader helping literature, in social welfare texts, and in social welfare education, than may be warranted. Such a situation could contribute to cohorts of graduates who may have an assumed personal empathy but not a knowledge-based, learned empathy. It is evident that empathy is culturally influenced and may be influenced by social norms. Equally, empathy can be considered to be a two way process, needs to be treated as a skill, and can be learned in part by taking an ongoing 'learner' rather than an 'expert' stance. In particular, the development of empathy for client groups with a different cultural background from the helper may mean that educators need to advance students' learning beyond personal empathy, by way of experiential learning, cultural awareness training, and skills training, in order that they gain highly developed, accurate, historical, political and social empathy skills. Future research into the teaching and learning of accurate, contextual empathy, and the role, use of, limitations, and outcomes of using empathy in social work and welfare therapeutic engagements seems justified.

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