Living with Uncertainty

Working Paper 1

Empathy: A review

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Empathy: A review

Imagining what it is like to be someone other than yourself is at the core of our humanity. It is the essence of compassion, and it is the beginning of morality.

Ian McEwan, The Guardian, 15 September, 2001.

The work of empathy is precisely trying to imagine a view of the world that one does not share, and in fact may find it quite difficult to share.

Halpern & Weinstein, 2004, p. 581

1. Introduction

Building a descriptive and explanatory model of empathy to illuminate security-related issues lies at the heart of the Living with Uncertainty programme of work. The model that results from the re-analysis and theory-building of the first phase will be tested and modified through the empirical studies. By examining in detail how language operates in the expression and negotiation of empathy, projects will also identify how people resist, constrain or limit empathy.

In the century that has passed since the idea of empathy was first introduced, as *Einfühlung* or 'feeling into' (Lipps, 1909), the construct has been developed and divided. In the last 20 years, advances in neuroscience have provided some clarity about the nature and mental basis of empathy, but much remains imprecise (Preston & de Waal, 2002). The initial idea of empathy was formulated within the discipline of aesthetic psychology, and concerned the interpretation of a work of art through projecting oneself 'into' the imagined perspective of it, experiencing the emotion of the artist and the art (Valentino, 2005).

Empathy has been explored by philosophers, applied across the arts, is receiving increased attention in neuroscience through magnetic resonance imaging, and has received empirical attention leading to detailed development in the contexts of conflict resolution and post-conflict reconciliation. Various professions, including medicine, dentistry and education, are concerned with empathy as a professional skill and in the development of empathy through teaching, training or experience. Former US Secretary of Defense, Robert McNamara, argued for 'realistic empathy' to avoid "all forms of war-promoting misperception" (McNamara & Blight, 2001, p.65; White, 1984).

This review paper examines research on empathy in a range of fields in order to highlight key points for the work of the Living with Uncertainty project, and to begin building a model of empathy that captures its complexity.

2. Theoretical dimensions of Empathy

2.1 Empathy as dynamic

Empathy is a dynamic process but is often written about as if it were a stable state and not subject to change and variation. Empathy, as the understanding of and feelings of

connection with other people, is subject to change over short or long periods of time. Empathy with an interlocutor may increase or decrease over the course of a conversation; feelings of empathy towards other groups of people can shift and change over months and years. It may be possible to talk about 'empathy across social groups' if a stabilised condition has emerged, with some degree of variation about this stable state. The relation between empathising in the moment, e.g. within a conversation, and longer term stabilised states of empathy will be explained by the model.

2.2 Empathy and alterity

Affective and cognitive processes of empathy take place within the mind of the individual, what we will call 'the Self' (also called 'the Subject' by some scholars). The object of empathising, 'the Other' (or 'the Object'), may be an individual or may be a social group.

Alterity is what makes the Other distinct and different from the Self; it is 'otherness' (Bakhtin, 1981). Between Self and Other is a complex of distinctions and differences that comprise alterity, from which we might extract strands such as 'ideational alterity' or 'social alterity'. Such strands will never be separable or independent from alterity. In most instances, people act on the basis of 'perceived alterity', i.e. their perception or understanding of the alterity between Self and Other, rather than any absolute, verifiable alterity.

2.3 Empathy, individuals and groups

Halpern and Weinstein (2004) insist that empathising is an individual process, relating the individual Self to the individual Other, but that social context is crucial in influencing and supporting empathy.

In the project, we wish to explore what empathy can mean at the level of the social group. Members of a social group may share similar levels of empathy and attitudes towards some Other, so that we might talk about the 'empathy of a social group'. If the Other is itself a social group, then we might talk about 'empathy across social groups'. The relation between individuals and their social group becomes very relevant; the various forms of that relationship will be elaborated through reference to social identity theory, positioning theory and dialogism.

Social psychological approaches help with the shifting of empathy from an individual concern to a social group concern. Hermans & Dimaggio (2007) link globalisation to increasing uncertainty in people's lives, that prompts a compensatory desire for stability in the sense of self, sometimes resulting in acceptance of authoritarianism, violence or religious fundamentalism (Hermans, 2001; Kinnvall, 2004). To mitigate such a trend, they argue that we need to acknowledge alterity and learn to deal with the emotional demands of insecurity.

Fiction often uses individual characters to arouse empathy for social groups. In her consideration of empathy in the writing of Charles Dickens, Harrison (2008) examines how characters were constructed to evoke empathising by readers with the plight of certain social groups:

> Empathy for characters in distress poses a much more complicated relationship between imagination, emotion, and ethics. Readers' emotions can be engaged for fictional suffering, but not their subsequent behaviors. This limiting condition poses an interpretive—and ethical— dilemma for any account of empathy with fictional minds. (p. 257)

In Harrison's model of narrative empathy, readers processing texts engage in 'synecdochal interpretation', in which being affected by an individual character turns into a real emotional and ethical response towards the social group that the character represents.

2.4 Immediate and distanced empathy

Empathising may take place through social interaction in which individuals or groups meet face-to-face. Alternatively, empathising may be distanced when it occurs across individuals or groups separated in space or time, as, for example, when an individual reads about or sees pictures of another social group or when members of one group talk about other groups in their absence.

2.5 Mode of expression of empathy

Empathy may be expressed verbally, with physical movements, through facial expression, through images, and through various forms of social action, such as donating money to charity. We use the term "gesture of empathy" to refer to an expression of empathy through any of these modes and combinations of them.

3. *Processes of empathy*

There appear to be two essentially different kinds of empathising. One, "automatic" or "emotional empathy" is instantaneous and instinctive (in the sense, that it occurs unless inhibited); the other, often called "perspective taking", is conscious, takes time and involves more cognitive effort. Furthermore, both processes are subject to a prerequisite that we might call "opening channels for empathy", and we begin the review of the literature with this step.

3.1 Opening channels for empathy

Conflict, and other negative social situations, are usually accompanied by a process of dehumanisation, in which complex individuals are reduced to stereotypes that allow polarisation of groups and sometimes escalation of violence between groups (Oberschall, 2000). To counteract polarisation and its negative consequences, action is not just needed at social group level but also at the level of individual encounters, so that trust can be re-established in the Other through re-humanisation. Empathy is seen as central to re-humanisation (Halpern & Weinstein, 2004; Lederach, 1997).

Where people have closed their minds to the Other, be that individual or group, there is no opportunity for empathy to occur. Something needs to prompt a shift from seeing the Other as dehumanised to seeing him or her once again as an individual, to open up the

possibility for empathy. Gobodo-Madikizela, cited by Halpern and Weinstein, described how the suffering of a perpetrator of violence facing the Truth and Reconciliation Commission moved the women whose husbands he had killed, and how this emotional connection opened up the possibility of empathy. This kind of emotional resonance is not empathy in its fullest sense but may be important in enabling that to take place.

It may be that post-conflict reconciliation highlights this prerequisite of opening channels for empathy because the original conflict had required an active process of denying empathy with the Other. In other less conflictual situations, where the alterity between Self and Other is much less severe, the possibility of empathy is not necessarily shut off in the same way. For example, in a therapeutic situation, there is a professional assumption that the client is worthy of empathy from the therapist. In contrast, a medical situation does not automatically presume the possibility of empathy, since the doctor's key positioning is as more powerful and knowledgeable expert in respect of the patient; empathy may be less appropriate for a doctor than sympathy (Macnaughton, 2009).

3.2 Automatic / emotional empathy contrasted with conscious perspective-taking

Empathy of some kind appears to derive from our biology; neuroscientists identify an automatic process of embodied simulation that enables an observer to make sense of the physical actions of others through mirror neuron activation (Gallese, 2003, 2005; Iacoboni, 2005). Simulation theory suggests that we understand others by simulating their actions, perceptions and emotions as if they were our own. The discovery of mirror neurons in the brain that are activated when we watch another person in action as suggested these provide the neural basis for simulation. These neurons have been shown to respond to the sound of an action, as well as to the sight of an action. The intimate relation of mirror neurons with language and gesture (Arbib, 2002) suggests that symbolic representations in language may also evoke mirror neuron activation, and thus directly influence people's ideas and attitudes about others through automatic empathy.

Automatic empathising through neural activation or simulation is a process of *imagining the Self in the situation of the Other*, a kind of 'feeling with' "affective empathy" (Wynn & Wynn, 2006: 1390), or "egocentric empathy" (Khalil, 2002). Empathy in post-conflict reconciliation emphasises going beyond this notion of 'walking in someone else's shoes', to the more cognitively demanding *imagining how the Other feels in that situation*, "cognitive empathy" (ibid, 1389) or 'perspective-taking'. To imagine the feelings of another person requires one to <u>know</u> about and understand the Other and their experience, and to be able to put one's own emotional responses on hold while considering theirs.

Experimental psychological studies of empathy also make this separation between a) "the ability to connect emotionally with another individual", i.e. what is sometimes called emotional contagion or attunement, and b) perspective taking or "the cognitive capacity to consider the world from another individual's viewpoint" (Galinsky et al., 2008: 378; Spreng et al., 2009). These competencies are held to be related and yet distinct.

According to Halpern and Weinstein (2004), who investigated the development of empathy in post-conflict reconciliation in the former Yugoslavia and in South Africa, developing empathy between former (or potential) enemies can begin with emotional resonance, but then requires the finding of commonality with the Other. Empathy in this

type of context needs curiosity about the other person and their perspective. Emotional resonance and a sense of commonality can lead to sympathy; what takes empathy beyond sympathy is differentiation of Self and Other: "imagining and seeking to understand the perspective of another person" even when that perspective may be distasteful or lead to "emotional ambivalence" (Halpern & Weinstein 2004, p. 568). We return later to this important moral or ethical aspect of empathy.

Empathy may, suggest Thakkar et al (2009), be connected to spatial representations, e.g. through spatial metaphors used in talk between people. Their study investigated the connection between empathy and spatial processes through tasks requiring people to carry out mental transformations of one's own body position to match another's. Performance on the task was compared with self reports of empathy, and higher self-reported empathy was linked to attention paid to the right side of space, corresponding to the left and more expressive side of people's faces. Women took longer than men to imagine themselves in the other's position; the researchers suggest this may be because they were in engaging more resources or using a slower and less automatic strategy. Self-reported empathy may, of course, involve both automatic and cognitive empathising processes.

Further support for the distinction between the automatic process of imagining Self in a situation and the slower, more conscious process of imagining the Other in the situation comes from studies using functional magnetic resonance imaging to investigate the affective states/processes of people empathising with people who respond to pain in similar and in different ways to themselves (Lamm et al., 2009; Xu et al, 2009). Inferring the emotions of an individual who responds differently from oneself may need controlled cognitive mechanisms to be activated to overcome strong emotional response tendencies: "regulation of one's egocentric perspective is crucial for understanding others", suggesting that (1) automatic and emotional responses are rarely sufficient and that empathy requires a broader range of cognitive responses, and (2) awareness of Self is important for understanding of Other. This latter point -- that capacity for Self-Other differentiation and controlled cognitive processes are required for imagining how the Other feels in that situation -- also appeared in a previous paper by some of the same authors (Lamm et al., 2007, 2009).

How does the automatic simulation process of empathy work for feelings that one has never experienced? Brain imaging of subjects with congenital insensitivity to pain showed that their capacity for empathy strongly predicted cognitive-emotional processes involved in inferring the emotional states of others, "emotional perspective taking" (Danziger et al, 2009), showing that empathy does not necessarily require the capacity for automatic empathising but can be compensated for by the more conscious process of inferring or perspective-taking.

Anderson and Keltner (2002) point out that responses to the Other's emotions may prompt, not empathy, but some other reaction, e.g. anger in the Other is more likely to engender fear than anger. They believe that empathic responses evolved to build social bonds, and so hold that the desire for social bonding will predict whether empathy or some other complementary response is forthcoming.

3.3 An inclusive socio-cognitive model of empathy

To understand empathy requires that we understand both its automatic, more emotional, component and its more conscious, more cognitive component. To develop a model of empathy that will serve the social sciences, and more particularly issues of social conflict and cohesion, requires that we attend also to the interaction of these components and to the interaction between them and social factors.

4. Empathy, Self and Other

Figure 1   A basic model of empathy
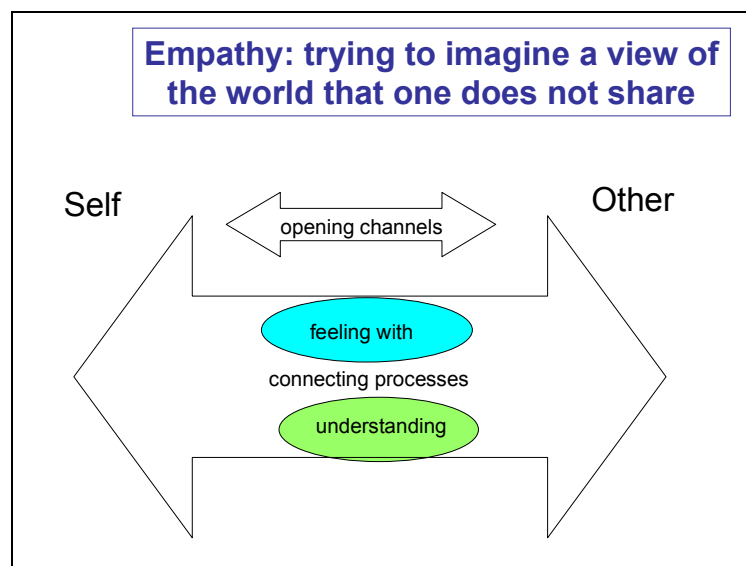
4.1 Self-Other differentiation

The experimental findings reported in section 3, that more conscious, cognitive processes work alongside and complement automatic emotional processes to produce empathy with other people, demonstrate that a capacity for Self-Other differentiation is required for imagining how the Other feels in their situation (Batson et al, 1997; Lamm et al., 2007, 2009). This was a point made 50 years ago by Bakhtin, who dismissed the idea of empathy as emotional identification between Self and Other as unhelpful, replacing it with the idea of *vzhivanie* or 'live entering', later developed as 'creative understanding' (Morson & Emerson, 1990; Valentino, 2005). For Bakhtin, creative understanding is:

> to enter actively into another individuality, another perspective on the world -- without losing sight even momentarily of one's own unique perspective, one's own "surplus" of life experience, one's own sense of self.

> (Valentino, 2005: 3)

A consequence of the separation of Self from Other is developed within philosophical hermeneutics. Pedersen (2008), in a review of the literature on empathy in the discourse of medicine, applies ideas from Gadamer. Many of these ideas are compatible with those

of Bakhtin and dialogism, and thus with the goals of the LU project. Pedersen summarises as follows:

> interpretation and understanding is always affected by the subject's presuppositions and situatedness (e.g. experience, practice, knowledge, and culture), the impossibility of escaping the hermeneutic circle, the importance of dialogue and critique, and the need to go beyond objectivism and relativism and acknowledge the intersubjectivity at play in understanding. Furthermore Gadamer emphasises that in human understanding there is always something happening "behind our backs" which is limited by, and at the same time made possible by, our historical situatedness
>
> (Pedersen, 2008, p.326)

Applying these ideas to empathy in medicine, in which the doctor is seen as the 'understanding subject' and the patient is the 'empathic object', Pedersen suggests that both subject and object must be understood as historically situated people, who cannot choose not to understand the other, but who are limited in having to pursue that understanding through their own experience, never able to reach full understanding, identity or objectivity (see also Cameron, 2003, chapter 2).

Even automatic mirror neuron activated empathy is mediated by the subject's prior activity experience, since that has influenced the development of the brain. Pedersen offers an alternative description of empathy as "appropriate understanding of another human being" (p.332). While this seems rather too open for our purposes, encompassing a huge range of aspects of cognition and Self-Other relations, it serves to highlight the necessity for interaction:

> to achieve appropriate empathic understanding the subject and the object have to participate in a dialogue and reflect on their understanding and experiences; and the intersubjectivity truths gained are never complete, but rather revisable results from an ongoing process. (p.333)

Empathy is to be seen as dynamic, constructed and developed through dialogue, historically situated, never value-free, and unfinalisable. Understanding of the Self may impact on an individual's capacity for empathy, and may in turn be impacted by engaging in empathy.

4.2 Influences on automatic empathy

Experiments reported by Preston & de Waal (2002) show that automatic empathy requires attention to the Other, and is influenced by familiarity/similarity, past experience, learning and salience. These effects are also explained by simulation theory (Gordon, 2002). Familiarity or similarity with the Other produce activated representations that are rich and elaborated. The better we know someone, the more nuanced and accurate our understanding of their perspective, and the stronger the empathy we can experience for their situation. In children, this is shown to lead to more empathy with people of the same age and sex. With adults similarity in demographics produces more empathy, as does similarity in experience. Salience affects empathy because it increases the probability of empathising processes taking place -- loud infant crying is highly salient and likely to produce automatic emotional empathy, and action.

5. Empathy and ethics

While automatic empathising may be a process outside of ethics or personal morality, cognitive empathy or perspective-taking, as "active engagement with another's experience" (Valentino, 2005, p.3), is never neutral or value-free, nor can it ever be independent of ethics/morality:

> Empathic understanding is always influenced by experience, knowledge, expectations, and possible actions. Furthermore there is a constant interplay between empathic understanding and our presuppositions, situatedness, judgements, and actions.
>
> (Pedersen, 2009, p. 329)

A person's "moral commitment", as Pederson describes it, is always part of the empathic process. (p. 330).

The differentiation between Self and Other allows for empathy to coexist with disagreement over the morality of previous actions, as insisted upon by Halpern and Weinstein (2004) for post-conflict situations. We can understand why a person or group took the action they did, while at the same time finding that action ethically and morally reprehensible.

A further ethical aspect of empathy concerns the actions that people take as a result of empathising. Emotional empathy is widely considered to underpin parent-child care giving. Charles Dickens' intention in evoking empathy with his fictional characters was that readers would engage in altruistic behaviour towards the social groups represented by those characters. Evolutionists suggest that empathy may have developed to promote useful social behaviour (Schulkin, 2002). An implication is that empathy must be inhibited for people to engage in violence or other negative social actions.

6. Empathy and Other groups

Section 4 above considered the relation of Self and Other as individuals engaging in empathy. In this section, we report findings from studies exploring empathy towards the Other as a social group. The experimental neuroscientific and psychological studies are so far thin on the ground but suggest that empathy can be affected, negatively, by differences in ethnicity and social history.

 A recent paper by Xu and colleagues (2009) confirmed an in-group bias in automatic empathic feelings. Their fMRI study compared automatic empathy responses to seeing the effects of pain in the faces of racial in-group members and in the faces of out-group members, in this case Chinese and Caucasian respectively. Watching individuals of the same race subjected to simulated pain produced increased empathic neural responses whereas watching the other group led to a smaller increase in empathic responses.

Vorauer and Sasaki (2009) bring interaction into the psychological study of empathy. Their findings show potentially important shifts in empathy that take place when there is contact with the out-group that people are trying to empathise with. They carried out experiments on empathy with out-group members in two different interactional settings:

intergroup contact, where Self and Others appeared to engage in interaction, and within-group, where no such interaction took place. In their experiments, White Canadians watched a documentary about hardships of Aboriginal Canadians and were then asked to take either an empathic perspective, imagining how a member of that group would feel, or an objective perspective towards the film. When later participating in (simulated) written interaction with a member of the Aboriginal Canadian group, the White Canadians who had taken an empathic perspective activated 'meta stereotypes' i.e. negative views of the White Canadian group that would be held by the Aboriginal Canadian group. Having taken the perspective of the out-group, contact between in- and out-group evoked a reflecting back of that perspective, imagining how the Other would perceive the Self, and led to increased prejudice. The researchers suggest that focusing on negative attitudes to themselves through perspective-taking triggered defensiveness among the White Canadians towards the out-group.

7. Empathy in psychotherapeutic interaction and counselling

The work of Carl Rogers placed empathy at the heart of psychotherapy from the 1950s onwards. Rogers held that empathy, along with congruence and unconditional positive regard, was both necessary and sufficient for successful therapeutic activity. In the following description of what he called "accurate empathy", we see echoes of Bakhtin's creative understanding, with the therapist Self maintaining a clear differentiation from the client Other:

> 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. To sense the clients' anger, fear or confusion as if it were your own, yet without your own anger, fear or confusion getting bound up in it, is the condition we are endeavoring to describe. When the client's world is clear to the therapist, and he moves about in it freely, then he can both communicate his understanding of what is clearly known to the client and can also voice meanings in the client's experience of which the client is scarcely aware.
>
> (Rogers, 1957: 99)

We can also note that the therapist is understanding the client's situation and how the client feels about his or her situation, and then sympathising with the client about both feelings and situation. The Self-Other differentiation, distancing through what Rogers calls the 'as if' condition, avoids the therapist actually experiencing the same emotions as the client.

Feller and Coccone (2003) report various summaries and meta-analyses of theoretical and empirical studies of empathy in therapy, and conclude that, while it is a complex construct open to variability in definition and use, empathy is a component of most kinds of therapeutic method, and often a core component. However, *contra* Rogers, empathy appears to be necessary, but, not sufficient, for therapy to produce positive outcomes. Duan and Hill's review of research on empathy from the 1950s to 1990s (Duan & Hill, 1997), cited by Feller and Coccone, notes a decline in interest, indicated by the number of studies published, since the 1980s, and continuing methodological problems, mostly arising from confusion across the multiple aspects of empathy. A further meta-study mentioned by Feller and Coccone, this time aiming to find commonalities across many types of therapy, is claimed to provide further support for the centrality of empathy

(Beutler, 2000). Empathy here is equated with providing "trust, acceptance, acknowledgement, collaboration, and respect for the patient..." (Beutler, 2000: 1005). As above, this does not require the therapist to experience the same emotions as the client, but to understand and respect those emotions.

Wynn and Wynn (2006) report a study applying conversation analysis to data from therapeutic interviews. They identify verbal gestures of empathy made by therapists and categorise them in terms of emotional empathy / cognitive empathy. Their approach required that they take into account clients' responses to therapists, i.e. whether they accept gestures of empathy or resist them.

Constantino (2002), quoting Karasu (1992), makes a distinction between a therapist saying to a client, "You must be feeling sad", which is seen as perspective-taking, and saying "How sad.". He argues that this latter gesture of empathy is not emotional empathy in the absence of perspective-taking but rather an outcome of a dynamic process in which shared emotion is reattached to the outcome of perspective-taking. It may of course illustrate a therapist using language to create an illusion of empathy.

8. The absence of empathy

8.1 Psychopathic absence of empathy

Empathy requires the simulation in oneself of the emotions of others. Psychopathic personalities appear to be unable to understand the emotions of others because of their own deficient emotional experience (Mealey & Kinner, 2002). A psychopath has not experienced emotions and has thus not developed the emotional repertoire required to simulate what others are feeling. The non-emotional component of empathy does however still function, enabling psychopaths to engage in cognitive strategies to understand others. Normal moral development is impaired through the lack of experience with emotions and their consequences.

8.2 Autism and empathy

Autism is a complex condition and its relation with empathy will not be straightforward. However, it has been suggested that lack of emotional empathy can be explained through lack of access to information about the emotions that others are feeling, rather than through impaired processes of automatic, emotional empathy (Frith, 2003). Autistic adults have reported using cognitive strategies to overcome the lack of information and achieve empathy (Robbins, 2008).

8.3 Resisting empathy

In what situations do people resist empathy and how do they achieve that? As we saw in section 3.1, situations of intergroup conflict typically feature the closing down of the possibility of empathy. The Other is rendered undeserving of attention or perceived as evil in some way so that emotional attunement is resisted. Social forces operate to remove the Other from potentially empathising attention, or empathy is activated but then inhibited by cognitive processes made acceptable socially and/or ideologically (Bandura, 2002).

Bandura suggests that people take proactive control at the psychosocial level and regulate their emotional life using strategies that insulate them from the distress of others. While this may a necessary protective measure, it may also be more sinister: "otherwise considerate people selectively disengage empathic restraints and moral self-sanctions in executing destructive activities in the name of religious doctrines, righteous ideologies, and nationalistic imperatives" (Bandura, 2002, p.25).

Slovic (2007) suggests that we can only empathise effectively with individuals. Once numbers become too great, a "psychic numbing" effect comes into play, and empathy does not function.

9. Discourse activity and empathy

Compared to the quantity of studies on the psychology and neuroscience of empathy, relatively little has been published about empathy in discourse activity, by which I mean how people express, resist or negotiate empathy in interaction with others. The practice of empathy in professional relationships has received more attention than empathy in everyday interactional encounters, with medicine and psychotherapy the most highly researched professional areas. Very few studies examine the discourse activity of empathy outside of professional contexts.

Across studies of empathy in discourse activity, we find:

- empathy in interaction as a mutual achievement
- that involvies both understanding/cognitive and emotional/affective, often in the same utterance and/or multimodally.
- In Other-oriented empathy there seems to be a distinction between:
    - discourse activity that acknowledges or expresses an understanding of the Other's situation and emotions, and
    - discourse activity that shares similar situations or emotions from one's own experiences.
- Ways of demonstrating understanding of the Other's situation and emotions in discourse activity include:
    - non-verbal reactions
    - naming the other's situation and emotions
    - reformulating the Other's description of their own situation and emotions, sometimes as a gist or summary.
- Affective or Self-oriented empathy involves experiencing or recalling similar feelings as the Other about the topic under discussion, and may be too demanding in professional contexts where empathy is required day after day with sick or troubled others.

9.1 Empathy in psychotherapeutic discourse activity

Because of the long history of empathy within psychotherapy, going back to Rogers (1959) and before that to Freud's interest in applying the newly developed idea of *Einfühlung* from aesthetics to his own work (Aragno, 2008), several studies can be found that investigate the practice of psychotherapists constructing empathy with clients (e.g.

Aragno, 2008; Welkowitz and Kuc,1973; Wolf, 1990; Wyn and Wyn, 2006). Sinclair and Monk (2005) offer a poststructuralist critical review of empathy in therapeutic relationships, and make use of Foucauldian ideas about discourse, deconstruction and positioning to posit 'discursive empathy' which will take full account of power relations and sociocultural context within discourse activity between therapist and client.

At a less macro level, Aragno highlights the multimodal nature of empathic communication in clinical situations: participants attend to and respond with "organic sensations, representational images, and raw emotions, ... verbal expressions, metaphors, enactments, dynamics" (2008, p. 715). Wynn and Wynn (2006) analyse actual interactions between therapist and patients at the micro level and describe 3 types of empathy -- cognitive empathy (directly expressing understanding of the thoughts feelings or behaviour of the patient); affective empathy (demonstrating sharing in the patients' feelings); and sharing empathy (the therapist expressing and patient perceiving that they have something in common) -- found in sequences of talk and realised with a range of linguistic resources.

9.2 Empathy in medical discourse activity

Within the medical profession, researchers have investigated empathy in the professional lives of both doctors and nurses, during training and in professional practice (e.g. Austin et al, 2005, 2007; Back et al, 2009; Bonvicini et al, 2009; Campbell-Yeo et al, 2008; McCamant, 2006; Ruusuvori, 2005, 2007; Silvester et al, 2007). However, research into how empathy is 'done' is not usually very sophisticated and descriptions of communication strategies remain at a rather general level. Bonavicini et al for example described physicians trained in empathy as "more likely to respond by acknowledging the patient's expressed emotion, challenge, or progress and by inviting further discussion" (2009, p. 8). Campbell-Yeo et al (2008) review research into empathy in nursing and highlight self-other awareness and emotional self-regulation as 2 key attributes that distinguish empathy from related concepts. Medical professionals may learn to avoid too much affective empathy with their patients.

Miller (2007) writes of "the tension between rationality and emotion in the communication of compassion in the workplace" in her investigation of various caring professions. She uses the term "connecting" to describe the interactional processes of empathy and perspective taking.

9.3 Empathy in everyday discourse activity

Moving away from professional contexts, Pudlinski (2005) examines how empathy is expressed on a peer support line and find 8 different methods:

- emotive reactions, assessments,
- naming another's feelings,
- formulating the gist of the trouble,
- using an idiom,
- expressing one's own feelings about another's trouble,
- reporting one's own reaction,
- sharing a similar experience of similar feelings.

However, having investigated myself the role of idiom and metaphor in talk, it seems likely that at least one of these is not independent of others (Cameron, 2003; Drew and Holt, 1988, 1998). It is interesting to compare this list with those of Wynn and Wynn, above, and Hakansson and Montgomery, below. Recipient responses determine whether empathically-intended utterances are received as such, emphasising the mutual achievement of empathising (also Wynn and Wynn, 2006).

Two studies have been found that explore what empathy feels like from inside interactions in everyday situations (Hakansson and Montgomery, 2003; Kerem et al, 2001). Hakansson and Montgomery found that empathy in interaction was experienced when a listener demonstrated understanding of the situation and emotions and perceived a similarity with their own previous experience.

9.4 Summary of literature reviewed

Analysis of the discourse activity of empathy is not usually very sophisticated in terms of the research tools and methods employed. There is a need for a more discourse-analytic approach. Furthermore, clarifying the multi-layered nature of empathy and specifying exactly what is being done in discourse activity should contribute to this endeavour.

9.5 Empathy and reconciliation discourse activity

Under the Living with Uncertainty project, a start has been made to get more specific about the discourse activity of empathy, published as "Metaphor and Reconciliation" (Cameron, 2011). In this study of developing empathy in a process of reconciliation, the notion of verbal and nonverbal 'gestures of empathy' was introduced (for more detail, see also Working Paper 2). Three types of gestures of empathy were found:

Allowing connection Gestures of empathy that give the Other access to one's thinking and feelings about the past, the present and the future include:

- offering an explanation of one's feelings about events and situations to the Other;
- attempting to explain events and emotions to the Other;
- being willing to open oneself up to relive memories;
- being willing to try to explain reasons for choices and behaviours;
- opening self to critical reflection on past choices and actions, and sharing that with the Other.

Entering into the other's perspective Gestures of empathy that involve creative understanding of the Other attempt to understand the world view of the Other through what is known about their experiences and emotions include:

- anticipating the effect of one's words on the Other, and mitigating them;
- acknowledging the Other's feelings, through choice of word or phrase;
- offering the Other a summary of what has been heard;
- adding to the Other's explanation or argument with one's own supporting contribution;

- speaking as if from the Other's perspective to contextualise an utterance such as a request for further information.

Shifting the perceived relation of Self and Other Gestures of empathy that seem to mark a shift in the relations between Self and Other include:

- repositioning the Other, e.g. from being an enemy to being someone with a story to tell, and taking time and effort to listen to what the Other has to say;
- repositioning the Self e.g. from being a victim to taking some responsibility through social group affiliation;
- acknowledging what is shared by both Self and Other.

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