



## Empathy, Sympathy, and Pity: 21st-Century Definitions and Implications for Practice and Research

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# Empathy, Sympathy, and Pity: 21st-Century Definitions and Implications for Practice and Research

Karen E. Gerdes

**ABSTRACT.** Empathy is prominent wherever humans attempt to create more just and compassionate social structures, and cultivating empathy is critical to being an effective social worker. This article outlines the historical semantic evolution of empathy, sympathy, and pity. Careful attention needs to be given to avoid conflating these concepts. If used improperly, the results can range from counterproductive outreach efforts to emotional and physical burnout. Clear and precise definitions of the three terms are provided and incorporate concepts taken from 21st-century social-cognitive neuroscience. This epistemological foundation can help to better define this concept to facilitate research and avoid biased emotional reactions. Implications for future social work practice and research are discussed.

**KEYWORDS.** Empathy, sympathy, pity, perspective taking, mirror neurons, self/other-awareness, emotion regulation

At the end of the 20th century, new technologies began radically transforming our understanding of human consciousness and the brain. One important counterintuitive finding from neuroscience is that the ability to make decisions is not based on our capacity for rational calculation. Our faculty for rational calculation evolved only recently. Our ability to make decisions is based on our capacity for emotion—a much deeper and more ancient phenomenon. As Jonathan Haidt (2006, p. 13) wrote, “It is only because our emotional brains work so well that our reasoning can work at all.” Humans are the most social of animals because of emotions that allow different individuals to understand one another’s experience and make socially functional choices rather than purely individualistic ones. Total failure of the social contract, seen in phenomena such as genocide or serial murder, seems

to stem from the lack of one particularly significant emotion: empathy. Conversely, empathy is prominent wherever humans are creating more just and compassionate social structures. Understanding and cultivating empathy is key to being an effective social worker (Forrester, Kershaw, Moss, & Hughes, 2007; Shulman, 2009).

This article discusses empathy in light of recent social-cognitive neuroscience, a field that studies the way “social emotions” operate in the brain. I will clearly articulate what empathy is by differentiating it from two related emotions that are often confused with it: sympathy and pity. This may seem a trivial distinction. It is not. Linguistic epistemologists have convincingly argued that while thoughts create words, words also play a role in creating and directing thoughts—thoughts that, in turn, powerfully influence actions. This is certainly true

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of the way social workers utilize the three related but separate concepts of empathy, sympathy, and pity. Many people, including social work practitioners and theorists, blur or conflate these concepts. The results can range from counterproductive outreach efforts to emotional and physical burnout (Clark, 2010). This article outlines the historical semantic evolution of empathy, sympathy, and pity and provides clear and precise definitions of the three terms, while incorporating concepts taken from 21st-century neuroscience. It also includes a discussion on how this epistemological foundation can help social workers better articulate their own emotional reactions and creating a more robust, useful, and effective way of intervening in clients' lives. Finally, the implications for future social work practice and research are detailed.

### ***EMPATHY, SYMPATHY, AND PITY: A HISTORY OF MISUNDERSTANDING***

Some terms, such as simple nouns, have relatively unambiguous meanings, while others are mutable, contextually nuanced, and understood very differently even by two individuals who have much in common. Words that describe human social interactions and subjective emotion are especially vulnerable to misunderstanding. The terms discussed in this article—empathy, sympathy and pity—have been used to mean so many things, to so many people, at so many different times, that their meanings are confusing and often contradictory. Empathy and sympathy, in particular, are frequently conflated (e.g., Batson et al., 1997; Raines, 1990). In social work theory and practice, these words are used without detailed guidance about how to effectively identify, develop, use, and teach empathy and sympathy (Gerdes, Segal, Jackson, & Mullins, 2011). Both of these phenomena can lead to a third related emotional response, pity, which needs to be diverted or avoided to prevent counterproductive approaches to social work intervention.

The need to more clearly define emotional reactions to others is imperative in light of the emerging 21st-century neuroscience of empathy. New technologies that physiologically measure emotional reactions have led to unprecedented,

precise, and very useful information about how empathy is instantiated and mediated in the brain. This makes it more possible—arguably, imperative—to create a richer and more precise definition of empathy, especially as the term is used by helping professionals (Decety & Moriguchi, 2007; V. Gallese, 2003a, 2003b). Utilizing a social-cognitive neuroscience conceptualization of empathy can help us bring language “up to speed” with scientific constructions of empathy, sympathy, and pity.

### ***THE HISTORICAL ROOTS AND SEMANTIC EVOLUTION OF EMPATHY, SYMPATHY, AND PITY***

Many English words describing emotional states were originally taken from simple nouns: “Depression” began as a description of a low point in a physical landscape; “elation” meant a high point; and the very word “emotion” simply meant a physical stirring of a liquid substance. The term “pity” comes from the Latin *pietas*, meaning “good” or “kind.” Pity emerged as a concept in the late 13th century and was initially used to describe a feeling of tenderness for someone who was suffering or had experienced misfortune. The feeling of pity included a desire to relieve the suffering of the other person or to show them mercy (Wilmer, 1968).

Eight centuries later, the conventional understanding of “pity” has drifted far from its original meaning. In modern parlance, being “pitiful” is decidedly negative, even insulting. Self-pity is associated with whining and victimization; most people experiencing difficulty, even if they wish to be helped, loath to be pitied. In a 2006 article, Geller outlined pity’s semantic journey by noting the following landmarks:

1. In Greek dramas the objects of pity are heroes, kings, and noble individuals who are perceived as “innocent victims,” and their predicaments are the result of some human error or frailty. (Compare this to modern semantics, in which Wilmer writes [1968, p. 244], pity is “more likely to be felt by a physician for a poor patient than for a man of means.”)

2. Michelangelo's 15th-century masterpiece the *Pieta* is perceived as the classic personification of pity. Jesus has just been taken down from the cross; his body is placed in his mother's lap. The look of loving tenderness and reverence on Mary's face is the embodiment of pity as the word was understood at the time. Contemporaneously, in the Jewish tradition, pity was something to aspire to achieve. The word was used to communicate feelings and thoughts of compassion and mercy.
3. Around the turn of the 20th century, Nietzsche (1895/1954) was one of the first philosophers to attribute a negative connotation to pity or in his native German *mitleid*—"suffering with." In his book *The Antichrist*, he wrote (p. 572):

Pity stands opposed to the tonic emotions which heighten our vitality: it has a depressing effect. We are deprived of strength when we feel pity. That loss of strength which suffering as such inflicts on life is still further increased and multiplied by pity. Pity makes suffering contagious.

As the modern world adopted Nietzsche's highly rationalist models of human inner life, pity lost its associations with noble innocence and began to evoke negative judgments toward the "pitiful."

4. At this writing, common usages of the word "pity" are usually intended to be condescending and often are reserved for people who are perceived as having brought their troubles upon themselves. "I pity you"; "For pity's sake"; "I pity the fool"; and "Get off the pity pot" are all modern expressions of contempt toward persons who are considered inferior, reprehensible, or worst of all, self-absorbed whiners. "Self-pity" is virtually never seen as a positive trait (Geller, 2006, p. 190).

In his 2006 study of therapists' attitudes toward pity, Geller concluded that therapists, like the general population, interpret pity primarily as a negative emotion. A small minority reported that pity was the manifestation of loving

and tender feelings. However, Geller's overview showed that pity is currently culturally understood as a condescending or contemptuous form of "feeling sorry for" someone, often directed at people who are perceived as self-destructive or blameworthy.

## SYMPATHY

The use of the word "sympathy" was first recorded sometime during the 16th century (see Table 1). The word itself is derived from the Greek word *sympatheias* (*syn-* "together" + *pathos* "feeling") and means "having a fellow feeling, affected by like feelings" (Free Dictionary, 2010). The initial rendition of sympathy included the ability to "feel with" both the joyful and painful feelings of another. In fact, early descriptions and definitions of sympathy sound similar to early 20th-century descriptions of empathy. In 1739, philosopher David Hume (1739/2000) wrote:

The minds of all men are similar in their feelings and operations; nor can any one be actuated by any affection, of which all others are not, in some degree, susceptible (p. 368) . . . No quality of human nature is more remarkable, both in itself and in its consequences, than the propensity we have to sympathise with others, to receive by communication their inclinations and sentiments, however different from or contrary to our own. (p. 206)

Black (2004) uses Hume's (1739/2000) words to argue that sympathy was originally intended to describe a propensity or spontaneous capacity to "pick up" or sense the feelings of others (p. 581). The economist Adam Smith (1759/1976) later described sympathy less as an attunement and more as a simple tendency to care about others—the "fellow feeling" we experience when we see or hear about another person's happiness or suffering.

In research literature, through the 1950s, "sympathy" was used largely to describe what we now call "empathy" (Escalas & Stern, 2003; Olnick, 1984). For example, Scheler (as cited

TABLE 1. Origin and Meanings of Pity, Sympathy, and Empathy

	Pity	Sympathy	Empathy
Date of First Use	13th Century	16th Century	20th Century
Original Meaning	Sorrow felt for another's suffering or misfortune and had a positive connotation.	Feeling with or similarly to someone else including happy and sad feelings.	Feel and perceive the world from the perspective of the other.
Described as a . . .	feeling, a capacity, an attitude, a state of mind, and a moral stance.	capacity, a tendency, an affinity, a feeling, a sharing of emotion, a mutual affection.	capacity, a cognitive ability, a skill, a feeling, understanding, a disposition, a process.
Popular 21st-Century Usage	A condescending, or contemptuous form of feeling sorry for someone, often directed at people who are perceived as pathetic or having brought about their own misery (Geller, 2006).	Expression of concern or sorrow about distressful events in a person's life (Clark, 2010).	Empathy is the physiological experience of feeling what another person is feeling and the cognitive processing of the experience (Batson, 1987; Hoffman, 2000). The ability to perceive and feel the world from the subjective experience of another person (Misch & Pelouquin, 2005, p. 42).

in Barnes & Becker, 1952) defined sympathy as having four levels, including an emotional contagion level that is more commonly associated today with what social scientists call the “affective sharing” component of empathy. Scheler described sympathy’s “lowest level [as] the immediate sharing of the same emotion with another . . . (e.g., two parents feeling sorrow and pain over the death of their child)” (Olnick, 1984, pp. 141–142). The highest level of sympathy occurs when there is “genuine emotional identification” or oneness with the other person. Similarly, Allport (1954) defined sympathy as identifying with the feelings of another in reaction to the same external stimulus and understanding and respecting the emotional state of mind of another.

Twentieth-century definitions of sympathy by social and developmental psychologists (see Table 2) moved away from the empathy-like definitions toward a more straightforward conceptualization of sympathy as a feeling of sorrow or concern for someone based on the other’s emotional state or condition (Batson, 1991; de Waal, 2009; Hoffman, 1982; Wispe, 1986). Singer and Lamm (2009) state, “The crucial distinction between the term *empathy* and those like *sympathy*, *empathic concern*, and *compassion* is that empathy denotes that the observer’s emotions reflect affective sharing (‘feeling with’ the other

person) while compassion, sympathy, empathic concern denotes the observer’s emotions are inherently other oriented (‘feeling for’ the other person)” (p. 84).

The displacement of sympathy or its devolution to a more simple feeling or regard is likely due in part to the parallel, growing sophistication of the definition of empathy. In fact, Black (2004) defines sympathy as the “elementary and involuntary capacity that makes affect attunement possible . . . [it] is the capacity that makes possible the more sophisticated operation of empathy” (pp. 592–593). On the other hand, others have argued that sympathy or empathic concern follows empathy; it is evoked as a result of cognitive perspective taking that occurs after an “affective sharing” or empathic experience. Proponents of this view further argue that sympathy that is evoked as the result of an empathic experience motivates helping behavior (de Vignemont & Singer, 2006; Lamm, Batson, & Decety, 2007). It is likely that sympathy can be evoked at any time, including time periods that follow after an empathic experience (Eisenberg & Morris, 2001). More research needs to be done to distinguish between empathic and sympathetic brain responses, specifically to learn whether one is a necessary component of the other (de Vignemont & Singer, 2006).

TABLE 2. 20th- and 21st-Century Definitions of Sympathy

*Counseling/Psychotherapy*

Sympathy is an expression of concern or sorrow about distressful events in a person's life (Clark, 2010, p. 95; Meier & David, 2008). Sympathy is the "elementary and involuntary capacity that makes affect attunement possible . . . precursor of successful interventions . . . [it] is the capacity that makes possible the more sophisticated operation of empathy . . ." (Black, 2004, pp. 592–593).

*Social Psychology*

Sympathy is a heightened awareness of the suffering of another person. A person who feels sympathy wants to alleviate the suffering of the other person (Wispe, 1986).

Sympathy is a feeling of sorrow or concern for someone based on observation of their emotional state or condition or hearing or reading about their condition (Batson, 1991; Hoffman, 1982).

*Developmental Psychology*

Sympathy is derived from cognitively processing feelings of empathy or by comprehending someone's emotional state through perspective taking without first feeling empathy (Eisenberg, 2000; Eisenberg & Fabes, 1992; Eisenberg et al., 1996).

Like pity, the concept and meaning of "sympathy" have been moving farther and farther away from their original meanings toward more straightforward, less affectively complex definitions. By contrast, as I will shortly argue, the more scientifically driven construction of "empathy" has become more actionable, elegant, and complex—a difference that might be explained by who is doing the defining. Popular culture has largely taken over the defining of pity and sympathy, while science or evidence-based definitions are increasingly being used to define empathy (Szalavitz & Perry, 2010).

### **EMPATHY**

In contrast to the longevity of the terms "pity" and "sympathy," the use of the word "empathy" did not emerge until the beginning of the 20th century (Lipps, 1903; Titchener, 1909). The evolution of the term empathy has been extremely well documented in the modern medical and social science literature (Decety & Jackson, 2004; Gerdes, Segal, & Lietz, 2010; Hackney, 1978; Misch & Peloquin, 2005; Pedersen, 2009). Table 3 offers some of the most often-used conceptualizations of empathy.

Two relatively recent, comprehensive, and almost simultaneous reviews of the empathy literature (Decety & Jackson, 2004; Misch & Peloquin, 2005) drew very similar conclusions. Most recently, Misch and Peloquin (2005) stated that empathy is a synthesis of information garnered

through "an iterative, mutually interactive" relationship "in which the behavioral, emotional, and cognitive signals of one participant are read and responded to by the other" (p. 42). Similarly, Decety and Jackson (2004) concluded that empathy is an induction process or an experience derived from observation and shaped by the knowledge, memory, reason, and emotional understanding of the observer. De Waal (2009, p. 281) describes the process of empathy as "the capacity to (a) be affected by and share the emotional state of another, (b) assess the reasons for the other's state, and (c) identify with the other, adopting his or her perspective."

To understand the differences in the conceptualizations of empathy in Table 3, it is important to acknowledge discipline-specific perspectives. Developmental psychologists like Nancy Eisenberg (2007) focus on the internal affective reaction of the observer or "true/pure" empathy. By this, they mean the initial unconscious and automatic affective mirroring of another's emotional state. By contrast, social psychologists and social workers are equally if not more interested in what the observer thinks (i.e., cognitive processes) and does (action) after the initial automatic affective-sharing reaction (Batson et al., 1997; Gerdes, Lietz, & Segal, in press; Gerdes & Segal, 2009).

Social-cognitive neuroscience is an interdisciplinary field that utilizes cognitive neuroscience combined with theories from the social sciences to ask questions about and to

TABLE 3. 20th- and Early 21st-Century Conceptualizations of Empathy

*Social Psychology*

Empathy is motor mimicry or the physiological experience of feeling what another person is feeling and the cognitive processing of those feelings (Batson, 1987; Batson et al., 1997; Hoffman, 1982, 2000).

*Developmental Psychology*

Empathy is an involuntary, vicarious response to affective (and sometimes cognitive) cues from another person (Eisenberg et al., 1994; Eisenberg & Lennon, 1983).

*Psychology, Ethology/Zoology, Neuroscience*

The perception action model of empathy is the process in which the “attended perception of the object’s state automatically activates the subject’s representations of the state, situation, and object, and that activation of these representations automatically primes or generates the associated automatic and somatic responses, unless inhibited” (Preston & Waal, 2002, p. 4; see also Hoffman, 2000).

*Social-Cognitive Neuroscience*

Empathy is an induction process that is facilitated and instantiated in the brain through the interaction of four observable neural networks: 1) automatic neural mirroring and shared representations that result in affective sharing; and the cognitively controlled processes of 2) perspective taking, 3) self-awareness, and 4) emotion regulation. The result is to feel and know what someone else is feeling (Decety & Jackson, 2004; Decety & Moriguchi, 2007; Rameson & Lieberman, 2009).

Empathy refers to an intersubjective induction process by which positive and negative emotions are automatically shared (affective sharing), without losing sight of whose feelings belong to whom (Decety & Meyer, 2008, p. 1055). It is also the capacity to imagine one’s self into the thinking of another (perspective taking) and the ability to use self-awareness and emotion regulation to decouple one’s self from the automatic affective sharing of your experience and cognitively process it (Decety & Jackson, 2006; Young, 2010).

Empathy is an affective state that is isomorphic to another person’s affective state. This state is elicited by the observation or imagination (perspective taking) of another person’s affective state. The observer knows that the other person is the source of one’s own affective state (self/other-awareness; V. Gallese, 2007; de Vignemont & Singer, 2006, p. 435).

better understand the biological correlates of human interaction (Lieberman, 2007). Social-cognitive neuroscience has recently introduced a new understanding of empathy—a focus on how mirror neurons and neural networks mediate the process of empathy in the brain (Decety & Moriguchi, 2007). Primarily through the use of brain imaging techniques, social-cognitive neuroscience researchers have been investigating the interpersonal biology of empathy: how human minds communicate directly through “neural resonance, mirroring, and empathy” (Young, 2010, p. 6; see also T. Gallese, Fadiga, Fogassi, & Rizzolatti, 1996; V. Gallese & Goldman, 1998; Iacoboni et al., 2005).

### **THE INTERPERSONAL BIOLOGY OF EMPATHY**

Young (2010, p. 6) described mirror neurons as a cell network that creates “a sensory motor gateway forming an internal representation of the observed person’s state and intents based on their body language, facial expressions, actions, and so on” (see also Dinstein, 2008). In

other words, when our mirror neurons are activated, we spontaneously and involuntarily “reenact” an inner experience of the observed behavior and emotions. Mind-to-mind communication is an act of involuntary mimicry; we just have to observe another person, pick up his/her signals (language, vocal tone, expressions, gestures, etc.), and we will experience an “embodied simulation” (V. Gallese, 2001, 2003a, 2003b; V. Gallese, Keysers, & Rizzolatti, 2004). Once we begin to resonate with the other person’s signals, three other components of empathy emerge: Perspective taking, self/other-awareness, and emotion regulation allow us to decouple ourselves from the automatic or unconscious affective-sharing aspect of our experience and cognitively process it (Decety & Moriguchi, 2007).

The question then becomes: When or how do we decide to “tune in” to others? We could not cope if we were always tuned in; we would be overwhelmed by the myriad and often-conflicting emotions we would experience. Based on research findings, de Vignemont and Singer (2006, pp. 437–438) proposed that the experience of empathy is modulated by at least four factors: 1) the intensity, prominence,

and valence of the other's display of emotion; 2) the relationship between the empathizer and the "other"; 3) personal characteristics of the empathizer (including variables like gender, age, personality, or past experiences); and 4) the "situative" context. The more intense the emotion and the more familiar with or similar the target is perceived to be, the easier it is to tune in to the situation presented. When the situative context is recognized, feelings are placed in a cognitive context; for example, most people are less likely to empathize with someone who is seeking comfort after being convicted of a serious crime.

Mirror neurons can give us an extremely sophisticated way to understand another's experience, but empathy is not "mind reading." We cannot obtain "an exact, complete, or absolute understanding" of another person through empathy (Pedersen, 2008, p. 328). The empathizer is historically and socially situated in the context of an experiential identity based on socioeconomic status, gender, and ethnicity/race and so is the target of the observation. The more different our lived experiences are, the more necessary it is to utilize cognitive perspective-taking skills to achieve empathy. Segal (2007) has identified social empathy as "the insights one has about other people's lives that allow one to understand the circumstances and realities of other people's living situations" (p. 335). We cannot have these insights without a macro-understanding of the structural inequality inherent in most social contexts, as well as other factors such as institutional sexism, racism, or ageism. By "filling in the blanks" of interpersonal experience, social empathy can help us experience and use individual empathy to its fullest extent.

### **IMPLICATIONS FOR PRACTICE**

Social workers have only begun to apply the implications of the new social-cognitive neuroscience on empathy to social work education (Gerdes et al., 2011) and practice (Gerdes & Segal, 2009). Social workers who lack mindful observation skills (such as mental flexibility and self/other-awareness) can unintentionally turn the reflexive aspect of empathy into an unbearable emotional liability (i.e., personal dis-

tress) or project their own motivations onto their clients (Gerdes & Segal, in press). The purpose of this section is to focus on how practitioners can begin noticing and distinguishing between their own experience of empathy, sympathy, and pity. This is a first step toward optimizing the client-worker relationship.

### ***Social Workers' Expressions of Empathy, Sympathy, and Pity***

Considering the contemporary definition of pity (i.e., condescendingly feeling sorry for someone), pity is rarely a helpful emotional reaction in a therapeutic context. Pitying a client might result in paralyzing, infantilizing, or shaming. On the other hand, expressions of empathy and sympathy are often useful for creating social bonds and helping a practitioner remain sensitive to a client's experience. Therefore, it is important for practitioners to remember that empathy and sympathy are qualitatively different experiences with distinctive therapeutic implications (Clark, 2010).

Having sympathy for someone, as opposed to empathy, initially takes less attention, focus, and energy on the part of the practitioner. It is also less efficacious than empathy for developing mutual trust and respect. Table 4 compares the characteristics of empathy and sympathy. It is designed as a guide for the careful observation and assessment of one's own emotional state. The mindfulness needed to distinguish between empathy and sympathy has already been shown to be a useful strategy for cultivating the cognitive skills required to be fully empathic (Coffey & Hartman, 2008; Decety & Lamm, 2006). The suggestion is not that a practitioner should never express sympathy for a client, rather that our overall perspective and mental state be one informed by empathy and not sympathy.

Table 4 indicates that the urge to reduce another person's distress is part of personal distress and sympathy, and not empathy (empathy may certainly include a desire to lessen another's suffering, but it is not, itself, experienced as a painful and therefore self-focused sensation). Some researchers, including at least one neuropsychologist (Watt, 2007), argue the opposite position. However, a growing body of

TABLE 4. Comparison of Empathy and Sympathy

Characteristic	Empathy	Sympathy
	<i>Feel</i> what the client is feeling; and <i>know</i> what the client is feeling. Affective sharing with self/other-awareness, emotion regulation, and perspective taking (e.g., Decety & Moriguchi, 2007; V. Gallese, 2007).	A reaction to or heightened awareness of the client's distress or predicament (Black, 2004; Wispe, 1986).
Impact of social worker's expression of empathy or sympathy	Client experiences "feeling felt" by another person. Someone shares or understands their internal world—this is very validating (Siegel, 2010).	A nonjudgmental expression of sympathy can comfort a client. A clumsy expression of sympathy can be experienced as cliché or corny (Clark, 2010).
Social worker's impulse to take action	Emotion regulation, self-awareness, and perspective taking allow the worker to decouple from the affect and avoid personal distress or anxiety. Hence, there should be no immediate impulse to take action. As the 13th-century Sufi Mystic, Hafiz said: "Troubled? Then stay with me, for I am not."  Empathy is a "Teach them how to fish" reaction (e.g., empowering actions such as providing information and options and facilitating insights).	There may be an urge, based on one's own and the client's anxiety, to do whatever is necessary to alleviate the client's distress. This can lead to enabling actions or "give them a fish reaction." For example, offering money or short-term attention that requires nothing from the client.
Emotions or states a client might experience	Empowerment, self-efficacy, competence, optimism, resiliency.	Gratitude, comfort, eventually could lead to dependency or entitlement.

evidence suggests empathy is followed by more diverse decision making and action choices, which are distinguishable from and more sophisticated than the immediate urge to comfort or relieve distress (V. Gallese, 2007). For example, de Waal (1996; 2009, p. 285) describes empathic action as "targeted helping, which is help fine-tuned to another's specific situation and goals." This distinction is emphasized between empathy and sympathy partly because it is useful: The sympathetic impulse to provide immediate comfort lessens mindfulness and increases anxiety, which makes truly useful empathic action less likely.

As mentioned earlier, affect sharing or mirroring can lead to anxiety and personal distress if the practitioner does not have the ability to utilize self/other-awareness, emotion regulation, and perspective-taking skills. A practitioner who has these abilities or skills can experience empathy to its fullest extent; those who do not have these skills are likely to be quickly overwhelmed by personal distress and therefore never have a truly empathic experience.

Personal distress and the sympathetic urge to relieve another's anxiety can lead to egotistic motivation (i.e., offering insights or guidance that are really directed at relieving the practitioner's own unpleasant sensations, rather than empowering the client; Lamm et al., 2007). Practitioners who feel mainly sympathy (or worse, pity) for clients are likely to eventually develop irritation, resentment, and anger toward the client as their energy is being depleted by taking on the client's burden. In contrast, empathy is energizing because clients are viewed as capable of solving their own problems, especially when practitioners decouple themselves from the affective-sharing component by using self-awareness, emotion regulation, and perspective-taking skills. From an empathic perspective, there is no need to take on the client's burden or problem. Instead, there is often an enormous sense of gratification for the client and the practitioner when a client "feels felt," or when his or her experience is validated and seen by the practitioner (Siegel, 2010).

All of this suggests that the definition of empathy as affect sharing alone (as in Nancy Eisenberg's [2007] view) is less useful for a social worker than the view of empathy from a social-cognitive neurological perspective. The addition of emotion regulation, self/other-awareness, and perspective taking creates a much more robust and valuable experience for the social worker and allows practitioners to function more effectively, without as much risk for burnout, than simple emotional identification with a client's feelings. For this reason, social work as a whole needs a clear understanding of empathy that includes all the components revealed by social-cognitive neuroscience.

### ***FUTURE RESEARCH IMPLICATIONS***

How can we best teach empathy to future social workers? What are the benchmarks for establishing the levels of empathy required to be an effective practitioner? How can we effectively distinguish between an empathic and a sympathetic perspective? How can we determine the efficacy of empathy-driven actions or helping versus sympathetic action?

In a recent meta-analysis of empathy training programs for client populations, Butters (2010) concluded that we still cannot answer such questions effectively, let alone conclusively, because of inconsistencies in how empathy is conceptualized and measured. Embracing a social-cognitive neuroscience conceptualization could move theorists and practitioners much closer to an empirical measure of empathy—particularly if a comprehensive and robust empathy index can be built on the foundation of neuroscience.

Currently, the two most widely used empathy scales are the observer-rated Carkhuff and Truax Empathy Scales (Truax & Carkhuff, 1967) and a self-report scale created by Davis (1980) called the Interpersonal Reactivity Index, or IRI (Butters, 2010). The Carkhuff and Truax scale is predominantly used in professional training programs, while the IRI is most often used in studies on client populations. Butters (2010) has delineated many of the problems and limitations of both scales. However, one factor Butters does not mention—one that may be more

important than any other comment on existing scales—is that both instruments were created before the new social-cognitive neuroscience on empathy was developed. This is a fundamental reason why neither the IRI nor the Carkhuff and Truax Empathy Scale fully captures the affect-sharing/mirroring, self-awareness, or emotion regulation components of empathy, all of which can now be empirically observed.

One way to compensate for the lack of a comprehensive measure of empathy is to use multiple outcome scales. For instance, researchers might administer a subscale IRI to determine subjects' level of perspective taking, and then, to assess self/other-awareness, add the Levels of Emotional Awareness Scale (LEAS), a written response to hypothetical vignettes which essentially estimates the level of subjects' awareness of their own feelings, others' feelings, and the ability to differentiate between the two (Lane, Quinlan, Schwartz, Walker, & Zeitlin, 1990). To determine levels of emotion regulation, researchers could then add the self-report Cognitive Emotion Regulation Questionnaire (Garnefski, Kraaji, & Spinhoven, 2001). Finally, to measure affect sharing, the researchers could also use the self-report Toronto Empathy Questionnaire, which includes seven items that reflect the physiological, affective-mirroring component of empathy (e.g., "When someone else is excited, I tend to get excited too"; "I remain unaffected when someone close to me is happy"; Spreng, McKinnon, Mar, & Levine, 2009).

This concatenation of instruments could be relatively effective in measuring empathy, but obviously, the process would be cumbersome for both researchers and subjects. It is rarely feasible to administer four different measures, including some, like the LEAS, that require considerable time to complete and score. Furthermore, Butters (2010) found that changes in empathy level vary as a function of the type of measure used (e.g., self-report vs. observer rated). A far more productive approach would be to develop a comprehensive and concise self-report empathy index that incorporates the new social-cognitive neuroscience (Gerdes, Lietz, & Segal, in press).

In addition to the logical and logistical advantages of such an index, it has the advantage of

being more objective than existing instruments. Although self-report measures are the most economically feasible means of measuring empathy, they are inherently limited. An empathy index grounded in social-cognitive neuroscience could be tested against objective measures (such as functional magnetic resonance imaging [*fMRI*] scans) to determine if it is consistent, robust, and valid (*fMRI* measures brain activity through blood circulation in specific neural networks). A broadly applicable and accurate measure could be created and validated by triangulating self-report questionnaires, forced-choice vignettes (i.e., expressed reactions or judgments to various situations), and neuroscience technology.

For example, participants could read vignettes while connected to *fMRI* equipment and be asked to make explicit judgments about a focal person in the context of affective sharing, perspective taking, self-awareness, and emotion regulation. The goal would be to establish a link between the observations of brain activity and the feelings, self-reports, and vignette responses associated with empathy. The end product would be a self-report index based on correlation between specific vignette responses and increased brain activity in specific neural regions. The resulting self-report index could be used to measure empathy even in the absence of neuroscientific equipment, once the instrument had been tested against the “hard science” of empathy. Researchers and practitioners could use the instrument, even in low-tech settings, to gain technically clear, highly robust measurements of empathy that could improve training of social workers, enhance the efficacy of myriad interventions, and more effectively help our clients cultivate and increase empathy.

### CONCLUSION

This article has identified and classified three terms essential to social work practice: empathy, sympathy, and pity. The similarities and differences between these terms have been outlined. The authors argue that semantic confusion between the terms empathy, sympathy, and pity need to be eliminated if these concepts and the words that represent them are to be measured

effectively. So far, the history of these words has led to a popular degradation of the term “pity” and a conflation of the words “sympathy” and “empathy.” Because empathy is so pivotal for the social contract, social-cognitive neuroscientists have paid particular attention to seeing how it is mediated in the brain. They have found that four discreet neural functions (affect sharing, perspective taking, emotional regulation, and self/other-awareness) are necessary for a full experience of empathy. Including all four of these elements leads to a generalized application of “social empathy,” which leads to the creation of more just and compassionate social systems, while sparing social workers from compassion fatigue (Thomas & Otis, 2010). It is to be hoped that the new clarity that social-cognitive neuroscientists have given the term “empathy” will be integrated into social work theory and practice and that future research will utilize the new, 21st-century understanding of this basic social capacity to enhance our ability to create a truly empathic society.

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