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The Structure of Empathy in Social Work Practice

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This article presents a detailed theoretical framework demonstrating how empathy is used in the practice of social work. This consists of affective, cognitive, and behavioral dimensions of empathy and delineates six latent constructs that make up these dimensions. These constructs are (1) caring, (2) congruence, (3) interpersonal sensitivity, (4) perspective taking, (5) altruism, and (6) the therapeutic relationship. Evolutionary, sociological, and neuroscience theories are used to describe empathy's origins as a historically adaptive and interactional process, and social work theories emphasize empathy as an interpersonal helping strategy and organizing principle essential to the practice of social work.

KEYWORDS Empathy, social work, therapeutic relationship

Most would agree that none of us are truly autonomous and completely self-reliant. All individuals depend on complex helping networks of family, friends, and social groups to survive and grow. Helping expressed in terms of listening, language, and behavior defines social groups, cultures, and helpers and the skills they employ, which are essential for human capacities to flourish. To be of help requires unique knowledge and abilities, but effective intervention efforts also need to be accompanied by an individual's understanding of and appreciation for the conditions, perspectives, and feelings of others. The ability to anticipate and accurately reflect the concerns and situations of another facilitates a productive and empathic helping relationship.

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This process is a familiar one to social workers and defines in large part the profession's approach to practice and the basic elements of effective social work practice depend on the interpersonal and empathic skills of the practitioner (Turner, 2009). As an important part of its professional education, the empathic helping process has been learned and rehearsed by social work students in countless classroom assignments, exercises, and field placement experiences. Evidence for the centrality of empathy in practice can be found in social work practice texts at all levels of instruction (Freedberg, 2007; Gerdes & Segal, 2009; Hepworth, Rooney, Rooney, Strom-Gottfried, & Laursen, 2006; Hollis & Woods, 1981; Rothery & Tutty, 2001; Saulnier, 1996).

Many models of human behavior and development that inform social work theory and practice stress the overt importance of empathy in the formation of a productive therapeutic relationship with clients. Psychodynamic, cognitive-behavioral, and humanistic perspectives all focus, to some degree, on the use of empathy and related interpersonal skills to define any successful helping relationship. Empathy's role in social work practice is prominent and long-standing, yet a consistent and definitive understanding of its contextual elements and theoretical underpinnings is not available. This ironic situation within our profession brings into question how students actually learn and subsequently practice empathy. Gerdes and Segal (2009) noted "as a result of this semantic fuzziness, conceptualizations and measurement techniques for empathy vary so much that it has been difficult to engage in meaningful comparisons or make significant conclusions about how we define empathy, measure it, and effectively cultivate it in social workers and clients" (p. 115). In an effort to fill this theory-to-practice gap, the purpose of this article is to propose a theoretical framework for empathy's definition and subsequent structure and application in social work practice. This conceptual model nests itself within a related group of latent helping constructs that encompass affective, cognitive, and the applied behavioral dimensions of empathy in social work practice.

EMPATHY'S ORIGINS

The complexity of human society and relationships requires an ability to accurately assess the motivations and intentions of others. Empathy helps one both to anticipate the behavior of another and to amend one's own decisions and actions accordingly. While it facilitates cooperative and mutually beneficial relationships, the acquisition of this primarily interactive function results in social expertise, that if inherited by one's offspring can ensure the continuation of a social group's ability to communicate effectively, make accurate decisions, and detect deception on the part of another (Smith, 2006). The capacity to perceive the distress of another enables a group to protect and care for itself and its members during times of hunger, threatening en-

vironments, and health concerns (e.g., childbirth, illness), and interpersonal empathic behavior thus serves to preserve familial ties and relationships. This helping behavior also facilitates non-kin relationships that are reciprocal and mutually beneficial, furthering the chances of group survival and growth (Smith).

Researchers in the field of neuroscience have used functional magnetic resonance imaging to detect and record brain wave activity that identifies specific parts of the brain that are particularly active when empathic emotions and cognitive perspective taking occur in study participants (Leslie, Johnson-Frey, & Grafton, 2003; Oberman & Ramachandran, 2007). Sensations and expressions of pain stimulate specific neurons in an individual's brain and, when one witnesses another in pain, the identical groups of neurons in the observer's brain are stimulated as well (Decety & Jackson, 2006). They stated "... these results lend support to the idea that common neural circuits are involved in representing one's own and other's affective pain related states" (p. 55).

The tendency of people to mimic or mirror the facial expressions of others occurs on an unconscious and instinctual level. This mimicking of another's mannerisms, postures, and facial expressions is known as the "chameleon effect" (Blair, 2005; Leslie et al., 2003; Obermen & Ramachandran, 2007). Primate studies reveal that observing or hearing a particular activity stimulates the same area of the brain as when the activity itself occurs. This is further evidence of this process of motor resonance or mirroring, and Leslie et al. documented empirical support for their claim that "... there may be a seamless integration among perception, socially relevant mimicry, emotional experience and empathy" (p. 601). Evolutionary and neuroscience theories begin to offer explanations of the human experience of empathy (Davis, Luce, & Kraus, 1994; Decety & Jackson; Leslie et al.; Singer, 2006; Smith, 2006; De Vignemont & Singer, 2006), and the empirical research of empathy's presence in social development and functional processes in human evolution and brain physiology provides evidence of the construct's social and biological origins.

At the beginning of the twentieth century, the renowned American philosopher and social theorist George Herbert Mead made numerable and valuable theoretical contributions to the understanding of empathy. He proposed that cognitive and emotional development of an individual's concept of self was the primary result of micro-interactions with the environment and in particular interpersonal relationships (Collins, 1994; Gillespie, 2005). Mead (as cited in Collins) described a sequential process of human development that required increasingly more abstract processes involving an individual's capacity to recognize another's attitude or point of view. This reflexive interpersonal process reaches greater levels of complexity as an individual develops and matures, and the ability to recognize and understand the attitude or perspectives of another is essential to the development of in-

dividual empathy. For example, a child first learns this by understanding the attitudes and feelings of his or her mother (e.g., sad, happy, anxious). Then through imaginary play by themselves and with others, children learn the roles and viewpoints of "teacher and student," or "cop and robber" (Collins; Gillespie). Organized games require an individual to consider the emotions and perspectives of multiple others. Team sports require individual players to understand the goals and objectives of teammates and opponents. These everyday examples help build a theory that explains how empathy develops and functions between individuals and the social environment (Gillespie).

Missing from this sociological tradition is an articulation of the significance of emotions in such learning. The capacity for humans to detect the underlying emotional world of another is an extension beyond just a cognitive understanding of another person's situation. Humans cannot interact without an underlying emotional network that connects them to one another. Various feelings arise and fluctuate in all human discourse, and this process connects us one to another. Collins (1994) stated "... the bedrock of social interaction, the outmost frame around all the lamentations of social situation and self-reflexive conversation, is always the physical co-presence of people warily attending to each other" (p. 289).

Other researchers have considered the origins of empathy in terms of social relationships between specific individuals (Carse, 2005; Cottle, 2002) and groups or nations of people (Kristjansson, 2004; Russo, 2004; Schwebel, 2006). Some of the internal and dynamic roots of empathy are described in Cottle's contention "... to say we have relationships is to suggest that people live strictly outside of us, like furniture and cars" ... "this isn't the case with other people, for we all recognize that people live outside of us and within us as well" (p. 67). Empathy informs more complex interdependent personal relationships as well and, at times, an additional level of abstraction is used by a helper to project beyond the most immediate needs of another. This process can lead to helping responses that initially may seem counter-intuitive. For example, an alcoholic may depend on family members to shield him or her from the personal and social consequences of problem drinking. This, in turn, safeguards his or her role as the financial provider for the family. A significant and difficult step is taken when a family is helped to empathically confront the problem, risking financial hardship for all, to preserve the health of the alcoholic (Carse, 2005).

Peace building and social justice efforts incorporate the ethics of empathy as well. For instance, to negotiate a peaceful and just settlement between warring societies, an understanding of the other group's perspective is essential (Schwebel, 2006). The role of empathy in addressing social conflicts and injustice includes not only seeing the narrowest perspective of one's enemy but a realistic and honest appreciation of how and why one is perceived as an enemy as well. The "rose-colored glasses" nations often wear may lead them to misunderstand how their own motives and behaviors are perceived by

others an must be removed for productive negotiations and resolution. Social conflicts ranging from the oppression of vulnerable groups within a society to concerns about the use and abuse of environmental resources require the use of empathy as a starting point for problem solving (Schwebel). The internal and dynamic concepts of justice and subsequent moral, pro-social behavioral choices depend on a society's capacity for collective empathy and action (Kristjansson, 2004).

Empathy and Helping

Historically, the presence of a particular community helper (e.g., healer, priest, or shaman) has been a part of all communities. This individual's helping or healing ability is afforded by a collective consensus regarding the same cultural explanatory belief system. These individual and collective beliefs and behaviors are theorized to be the result of the so-called cognitive imperative (McClenon, 1997). This theory posits that humans are driven to create organized systems of casual beliefs to explain individual, collective, and environmental phenomena. An important part of any interpersonal helping process involves the healer's taking on the pain or illness of others and serving as a human conduit for the relief or resolution of the identified problem (Harvey, 2006; McClenon; Singh, 1999). This process finds further expression in the healer's unique helping knowledge and in the use of therapeutic agents (e.g., medicinal plants, herbs) and techniques (e.g., chanting, prayer) to facilitate the desired healing outcome. The earliest shamanic traditions employ the use of empathy so as to incorporate individual, relationship, and cultural contexts into the healing process (Koss-Chioino, 2006).

Empathy in helping is culturally bound, and the helper must understand and be able to capitalize on the cultural narratives of the community defining illness and how it can be cured. Understanding the perspectives of the injured or ill is essential for a community to accept a particular healer as effective (Coulehan, 2005). The meaning ascribed to a technical healing agent by those in pain can provide as much healing power as the technique itself, and an inclusive and flexible explanatory system for therapeutic change enhances helping outcomes (Coulehan). The empathic relationship between the healer or therapist and the client completes this contextual circuit for effective helping (Koss-Chioino, 2006).

The practice of clinical social work is, and has historically been, one of a group of psycho-social healing intervention efforts, and its research has repeatedly demonstrated the therapeutic efficacy of this type of intervention in addressing individual and group problems (Wampold, 2007). Though the effectiveness of the therapeutic process has been documented, the empirical explanation of why and how it works is much less clear. Wampold suggested that psychotherapy meets a number of necessary criteria for effective healing. First, the therapist must provide an alternative explanation for the

client's problems. The explanation must coincide with enough of the client's worldview so as not to be seen as implausible but distinct enough to be a true alternative. The alternative explanation is delivered via an identified and specific treatment application, and this requires a therapist fluent in the explanation and the intervention technique. Finally, the empathic nature and quality of the relationship between therapist and client are critical to the effectiveness of the treatment itself (Wampold).

Empathy has been identified as the single most consistent condition of a productive therapeutic relationship in outcome research (Sinclair & Monk, 2005). This holds true across all varieties of treatment modalities and theoretical orientations, and empathy has been credited with as much as 40% of the variance in successful therapeutic change (Sinclair & Monk); and the therapeutic relationship has been identified as a significant agent of change or growth in a variety of helping relationships and clinical settings (Allen-Meares & Burman, 1999; Lambert & Barley, 2001; Olio & Cornell, 1993; Stewart, 1984). This relationship consists, in part, of a sense of trust and a bond between clients and therapists (Dykeman, Nelson, & Appleton, 1995), and a productive helping alliance is one in which a helper is accepting, nonjudgmental, supportive, and empathic (Allen-Meares & Burman; Lambert & Barley).

Empathy in Social Work

The person-centered approach to helping relationships has figured prominently in social work practice and theory (Holosko, Skinner, & Robinson, 2007). This came about, in part, through the collaboration between the psychologist Carl Rogers and a number of his social work colleagues (Holosko et al.; Rogers, 1951; Rothery & Tutty, 2001). His approach to working with clients and his core conditions of congruence, unconditional positive regard, and empathy have been staples of clinical social work education and practice for decades (Rothery & Tutty; Wickman & Campbell, 2003). Rogers insisted on the curative nature of a therapeutic relationship infused with these skills and principles and advocated an important shift from the interpretive stance of traditional psychodynamic methods to a relationship based helping strategy and style. Person-centered theory and therapy dovetail tightly with traditional social work values and tenets such as the person-in-environment perspective; a focus on client strengths, and the right to self-determination. All social work practice hinges on the concept that client growth depends on the qualities of the helping alliance, and it is arguably the defining variable of the profession (Biestek, 1957). This theoretical perspective has had an important influence on the definition of empathy and how social workers understand and utilize it within a professional helping context.

Existential perspectives used in social work practice emphasize a client's understood meaning of personal life events, relationships, and situations, and

priority is placed on the achievement of self-actualization, self-efficacy, and self-determination. Empathy as a tool for helpful treatment efforts figures prominently in this theoretical framework as well (Lantz, 2001; Rothery & Tutty, 2001). To use empathy effectively from an existential viewpoint, the therapist seeks to understand the unique experience of the client and the personal meanings they ascribe to it (Vanaerschot, 2007). For example, a motorist skids to a stop, just missing a pedestrian. The driver and the pedestrian both feel intense sensations of fear, anger, self-doubt, indignation, and so on, and each of them will ascribe an individual meaning to the event. Simultaneously, the driver fears they may have been traveling too fast, that the pedestrian was being careless, or that city planners must have poorly designed the intersection, and the pedestrian wonders whether she or he was not looking at the light, assumes the driver was being reckless, and the like. The experience of each is translated into a meaningful explanation that they then try to put into words. Their descriptions of the event only approximate the true nature of their experience and are not adequate to completely mitigate the sensations of that experience (Vanaerschot). In this case, despite an observer's confirmation that the pedestrian was not paying attention, both will consider and re-experience the visceral, body-felt sensations of the event repeatedly. In other words, it is not easy to forget the experience regardless of what explanation or meaning we or others ascribe to it.

Healthy or adaptive responses here would involve an individual's openness to an internal process or dialogue that considers multiple possible meanings of an event. The ability to process experiences this way avoids prescriptive and constrained explanations of an experience that lock one into a dysfunctional meaning system. For example, sexual abuse survivors may internalize personal and cultural narratives that affix blame to the victim, resulting in chronic problems of low self-esteem, guilt, depression, and so on. (Sinclair & Monk, 2005). This structure-bound functioning or meaning making occurs when rigid belief systems disallow the full range of possible meanings available to an individual. Thus, no escape valve is available to a healthier alternative meaning and functioning (Vanaerschot, 2007).

As it was for society's earliest healers, empathy plays a significant role in the social worker's attempt to understand and remediate the dysfunctional meanings ascribed to the events of a client's life. The social worker must simultaneously be open to the meanings ascribed by the client and other potentially healing alternatives and explanations. All possible meanings of an experience need to be available to a therapist, including and especially those of the client. Vanaerschot (2007) concluded, "[T]he quality of the therapist's empathic understanding is largely determined by the degree that his or her experiences are not structure bound but 'optimally implicit' . . . I would call the therapist a surrogate experiencer" (p. 317).

Other theorists have criticized the emphasis on empathy in helping at times and its use in the therapeutic process. They propose that empathy

as a source of change from existential and person-centered perspectives can isolate the client and imply that self-actualization is available and applicable to all. Postmodern critics of person-centered approaches suggest the absence of an emphasis on cultural context is a glaring weakness in the use of empathy within these theoretical systems (Buckman, Reese, & Kinney, 2001). A lack of consideration of the power of cultural forces such as racism, sexism, and economic disparities and their dramatic impacts on clients simply reinforces the dominant discourses within our society (Sinclair & Monk, 2005). This framework for understanding human behavior and therapeutic change challenges the modernist view of how we perceive and understand the world. In this view, how people think, feel, and behave is a result of the reality imposed on them by dominant groups within society and, of particular concern to social work, these dominant discourses have profound detrimental consequences to vulnerable or powerless groups of people (Buckman et al.).

Sinclair and Monk (2005) described this dominant discourse as the "cultural conversation" that privileges and empowers certain social groups over others. Social positioning is the phenomenon of a society's placement of certain people at various levels of power or marginalization. Consideration of these realities influences the helping process in general and the development of a therapeutic relationship in particular. Surely, a therapeutic relationship can be enhanced only by empathically acknowledging how aspects of illness and social discourse function together to shape the meaning of what constitutes a problem and how it may be resolved. In this light, empathy has an additional role to play in psychotherapy. It can serve as a way to deconstruct the narratives that paralyze clients and keep them locked into seeing their struggles as their own doing, uninfluenced by overarching social structures (Sinclair & Monk).

Empathy's Structure in Social Work Practice

An historical interest in empathy and its role in therapeutic relationships have led researchers to study its underlying properties and dimensions (Davis, 1980; Dymond, 1949; Hogan, 1969; Hojat, 2007; Mehrabian & Epstein, 1972). Typically, empathy is defined as having both an affective and cognitive dimension (Cliffordson, 2002).

The framework presented in Figure 1 illustrates a definition of empathy extending the primary cognitive and affective dimensions by incorporating empathy's behavioral expressions in practice. These three dimensions are further broken down into six underlying constructs that provide a definition of empathy for social work and its unique therapeutic viewpoint. The six constructs depicted in Figure 1 are (1) caring, (2) congruence, (3) interpersonal sensitivity, (4) perspective taking, (5) altruism, and (6) the therapeutic relationship. These constructs are derived from the social work literature and

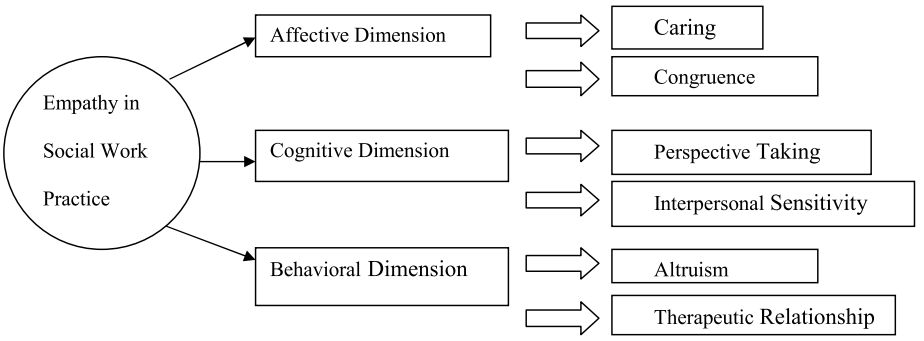

FIGURE 1 Conceptual framework of empathy in social work practice.

related disciplines, and they provide theoretical and empirical evidence of the existence and importance of empathy in social relationships and helping processes.

It is difficult to imagine affective, cognitive, and behavioral components of empathy ever being stand-alone concepts, and empathy, by its interpersonal and dynamic nature, is something we think, feel, and do, often all at the same time. In clinical practice, the use of empathy is indeed a highly complex and dynamic process, and the use of empathy in social work requires the practitioner to have all three dimensions "turned on" at once. Each of the constructs outlined in this theoretical framework has affective, cognitive, and behavioral components and manifestations. As presented herein, they have been determined to be *primarily* affective, cognitive, or behavioral. For example, interpersonal sensitivity (IS) is grouped within the cognitive dimension, but IS is not entirely a cognitive process. The thoughtful attunement to nonverbal communications from clients (a part of IS) will often identify or illicit intense emotional material within the client and the therapist. Any reflection or inquiry into this material by the therapist is then a behavioral extension of IS. The use of this concept is thus *primarily* cognitive, in that the nonverbal cues of the client are compared to an internal and established content knowledge base within the clinician. IS in a helping relationship depends primarily on the perceptiveness and content knowledge of the clinician. Likewise, altruism is behavior rooted in emotional and cognitive motivations. Though these affective and intellectual components are crucial to our understanding of altruism, it remains *primarily* a behavior.

THE AFFECTIVE DIMENSION

The affective dimension of empathy in social work is an interactive process of emotional connection and concern for others. It involves emotions defined by how a person feels in the context of an interpersonal helping experience.

Perception of the emotional world of another and an emotionally empathic approach to helping are defined here, by two supporting constructs, caring and congruence.

Caring as a theoretical construct has been developed and refined, in part, within the disciplines of nursing, philosophy, and counseling. It has been defined as behavior directed at meeting the immediate needs of another by the use of a discipline-specific skill set (Lee-Hsieh, Kuo, Tseng, & Turton, 2004; Skovholt, 2005) and an ethical, moral, and social construct (Danby, 2004). Nursing theorists posit that caring is a complex synthesis of these theoretical perspectives (Benner & Wrubel, 1989). Feminist theories describe caring as arising from gender-specific ways of solving ethical problems. Gilligan (as cited in Danby) concluded that caring is a manifestation of a uniquely feminine emotional concern for individual and relational choices and their consequences. Benner and Wrubel proposed that caring is a part of the existential context of mutual meaning making expressed in an affective experience between caregivers and clients. Caring is an emotional and interactive process that taps the affective components of helping relationships. This interpersonal connection to the feelings of another then lays the groundwork for the experience and expression of empathic caring (Benner & Wrubel; Engster, 2005).

Congruence is defined as an ability to be open, nonjudgmental, and honest within helping relationships. Congruence was proposed by Carl Rogers as a "core condition" of an empathic and productive therapist-client relationship. Congruence is a therapeutic and emotional connection frequently associated with positive outcomes in psychotherapy (Marziali & Alexander, 1991). It requires a therapist to communicate verbally and nonverbally that she or he is openly and actively anticipating understanding the client's unique situation and perspective (Wickman & Campbell, 2003). Social work theorists and practitioners have continued to embrace congruence and empathy as change-facilitating skills essential to the profession (Freedberg, 2007; Rothery & Tutty, 2001). Congruence entails specific underlying affective skills that both define and facilitate its development. It is evidenced by a transparency between client and practitioner that permits feelings and experiences to be utilized in assessment and intervention decisions and extending awareness into accurate, empathic, and therapeutic interaction (Lambert & Barley, 2001; Tudor & Worral, 1994; Turner, 2009).

Congruence and empathy are important concepts stemming from client-centered and humanistic schools of psychotherapy, and they have profoundly influenced the practice of social work today (Lantz, 2001; Rogers, 1951; Rothery & Tutty, 2001; Wickman & Campbell, 2003). Congruence, caring, and empathy are co-occurring conditions with behavioral similarities in an effective therapeutic relationship (Allen-Meares & Burman, 1999; Houston, 1990; Lambert & Barley, 2001; Rogers; Tudor & Worrall, 1994; Wickman & Campbell, 2003). Caring and congruence are both interactive and emotional

processes. Caring and congruence manifest within a helper's resonance with the feelings of another, and they support a relationship from which healing can emerge in social work practice (Freedberg, 2007).

THE COGNITIVE DIMENSION

The cognitive dimension of empathy involves IS, intellectual flexibility, and openness to understanding the experiences and taking the perspectives of another. It includes a group of conceptual processing and thinking skills that emphasize a level of objectivity and distance from the emotional content evident in a client's presentation and a careful assessment of the contextual cues therein.

IS is a communicative process between individuals based on their understanding of one another's body language and facial expressions. This skill varies considerably between individuals and is influenced by both social context and gender role expectations. It contributes to intimate relationship success and effective helping relationships (Snodgrass, Hect, & Plotz-Snyder, 1998). IS is characterized by distinct emotional and social components. Emotional IS is a relationship skill allowing one to perceive the emotional world of another guided and evidenced by nonverbal cues. Social IS involves appreciating the context of an interaction, considering and understanding the influences of social structures, role expectations, and personality factors on human behavior (Ames & Kammrath, 2004; Carney & Harrigan, 2003). IS is similar to the related construct of perspective taking in this regard (Ames & Kammrath; Underwood & Moore, 1982). As congruence is an integral aspect of emotional empathy, IS helps define empathy in practice from a cognitive perspective. IS is considered a necessary but insufficient condition for empathy. One cannot be empathic without being interpersonally sensitive, but sensitivity does not guarantee empathy (Carney & Harrigan). A clinician's ability to attend to multiple perceptions, expressions, and perspectives is an advanced and complex helping skill. IS is a cognitive exploration that injects the helping process with a level of objectivity in understanding the contextual but unspoken nature of a client's concerns (Carney & Harrigan; Underwood & Moore).

The second construct of cognition, perspective taking (PT), is the ability to accurately perceive another's point of view (Davis, 1980). PT involves the internal and cognitive interpretation and understanding of another's mental and emotional state. It is then necessary to suspend one's own perspective and understand the situational or environmental factors contributing to the thoughts and feelings of someone else (Baron-Cohen & Wheelwright, 2004; Cliffordson, 2002; Davis; Hojat, 2007; Johnson, Cheek, & Smither, 1983). Dymond (1949) defined empathy as "... the imaginative transposing of oneself into the thinking, feeling, and acting of another, and so structuring

the world as he does" (p. 127). PT has long been understood to be a latent cognitive construct of empathy in evaluation studies (Davis; Hogan, 1969).

Research on PT has frequently involved exploring its development in children. Such studies frequently involve storytelling through pictures, and participants are asked to describe their understanding of the thoughts and opinions of different story characters. As such, children were able to appreciate another's situation and view point (Oswald, 1996). Research has explicated the nature of this process and the relationship between PT and outward expressions of empathy.

THE BEHAVIORAL DIMENSION

Finally here, behavioral manifestations of empathy involve interpersonal motivations and actions. These are other-directed and outwardly observable expressions of empathy, and they demonstrate functional aspects of the concept and its concrete applications within helping relationships. The two constructs supporting this dimension are altruism and the therapeutic relationship (TR).

Altruism has been described as a pro-social behavior designed to help or assist another individual. Altruism can take the form of efforts to relieve distress, such as helping someone to stand after a fall, or goal-directed behavior, such as opening a door for another, and it has been identified as a behavioral indicator of empathy (Batson et al., 1991; Underwood & Moore, 1982). Social psychologists have studied and empirically established the relationship between altruism and empathy (Cialdini, Brown, Lewis, Luce, & Neuberg, 1997), and theories of altruism vary in their assessment of the motivation behind altruism (Bierhoff & Rohman, 2004; Underwood & Moore) but maintain its importance in an empathic helping process. Various studies of empathy have indicated an inverse relationship between antisocial behavior and empathy (De Kemp et al., 2007; Jollife & Farrington, 2005) and, as the relationship between anti-social behavior and empathy helps define what empathy is not, the pro-social behavior of altruism contributes to a theoretical network of concepts defining what empathy is. Altruism has been historically identified in the social work literature as a key reason why individuals enter social work. Researchers have repeatedly studied the qualities and attributes of individuals who become social workers, and altruism consistently emerges as a primary motivation and personality characteristic of social work students (Bulcke, 1994; Pins, 1963). As an outward and other-directed behavior, altruism centers itself in the process of helping and provides a behavioral vehicle for the direct expression of empathy in social work practice.

As noted before, the importance of a TR is considered a central tenet in most theories of human behavior and therapeutic change, and a productive

helping alliance is one in which a clinician is accepting, nonjudgmental, supportive, and empathetic. Psychodynamic theorists and researchers describe this alliance as a foundation for explaining therapeutic benefits of clinical intervention (Kradin, 2005). Theorists from existential, feminist, behavioral, and family-systems schools of thought associate, if not center, their models around a therapeutic alliance/relationship (Lantz, 2001; Lejuez et al., 2006; Minuchin & Fishman, 1981; Saulnier, 2001), and empathy is a distinct process component of the worker-client relationship. Freedberg (2007) stated "I am suggesting that an enhanced feeling of power grows out of a healthy interaction with empathically attuned others, contributing to the capacity to act in the environment with a sense of self-efficacy and purposefulness" (p. 256).

Empathy is a part of a truly TR, and the relationship depends on empathy for its eventual success. Though it is a reflective and thoughtful process, the helping alliance is also an outwardly focused behavior initiated and facilitated by the helper. The therapeutic relationship requires empathic motivation and direct action by the clinician to provide a relational and behavioral vehicle for change.

CONCLUDING REMARKS

Empathy's essential nature in the practice of social work is rarely disputed, and empirical study has repeatedly demonstrated its prominence as a significant agent of change in psychosocial intervention efforts. Though scholars debate the existence of [or need for] a unifying theory in social work, the use of empathy "leads the pack" as a central theoretical tenet in social work education and practice. Like many human behavioral theoretical constructs, its definitions are murky and elusive, and its applications can be as unique as the individual practitioner. The commitment of social work to serving vulnerable populations and viewing human problems as situated within an environmental and socially constructed context by default relies on empathy to apply these concepts in practice. Empathy weaves its way through disparate disciplines and theoretical perspectives that seek to explain and understand human behavior and social development. Neuroscience has discovered potentially tangible physiological markers for the experience of human empathy, and its evolution as an essential adaptive function in individuals and relationships along with its primacy in helping behavior confirms its overarching role in human survival and social cohesion.

Social work has successfully capitalized on the presence and nature of empathy in people and can claim it as the profession's organizing principle and primary helping strategy. Rarely do theoretical constructs and practice skills merge as readily as they do in the relationship that empathy shares with social work. Hopefully, this article moves the body of literature of this

important concept forward to enhance the profession's use of empathy in social work practice.

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