The Development of Ideas About Empathy

Arnold Buchheimer

The City University of New York

For reprints—address is Guidance Laboratory, 921 Lexington Ave., New York 21, N. Y.

This article consists of a review of the different concepts of empathy, in the fields of ethics, esthetics, social psychology, psychoanalysis, and counseling. Empathy seems to involve projection and introjection. An historical survey of the literature is presented. Researches based on the role theory model of empathy are reviewed. Character and personality traits related to empathy are presented. A proposal is made for a study of empathic understanding in counseling involving five dimensions of empathy:

1. Tone or sensory and imitative responses,
2. Pace or kinesthetic similarity,
3. Strategy and flexibility or intellectual and objective prediction,
4. Adaptation of frame of reference or cognitive perception of the other person, and
5. Repertoire of leads or imaginative variation of responses.

Research and study of empathy become important to anyone or any group that has a professional interest in what another person or another group may be thinking or feeling. Observers have long wondered about the reasons for the difference in the ability to understand, feel along with, and to anticipate or to predict what others will do. The fields of esthetics, ethics, social psychology, psychoanalysis and counseling, for example, all share an interest in studying the empathic process.

The ethical person may speculate about the empathic process in this way: If man can put himself in another man's place as if it were he himself, then man will not harm another man for he will have compassion and good will. In the esthetic concept the observer, or interactor, allows the other, or the object das fremde ich (Lipps, 1907) to project into him. In a sense he introjects, while in the ethical concept the observer or interactor projects onto the other. In these two conceptions we see the basic difference in the approach to empathy as well as the reciprocity that is inherent in the empathic process.

The social-psychological concept of empathy may be postulated in this way: If man can understand, assume, or infer the role another man plays at a particular moment in time and space, if man can identify with that role, then he can predict what man will do and how man will, or can act. This conceptualization is related to the esthetic concept of empathy, for in a sense man allows the other to project into him (Allport, 1937, p. 532).

Psychoanalytic man postulates the process of empathy in a series of genetic stages that end in mutual transference. The psychoanalytic concept is more related to the ethical concept than to the esthetic concept of empathy, but it is clearly not either one. Man begins “esthetically,” passes through an “ethical” phase, then arrives at an interactive phase between these two.

In 1949 Cottrell suggested that the study of empathy has been a neglected area. He was quite specific in suggesting that what should be studied is “empathic responses” (Cottrell, 1950). What has happened since Cottrell suggested the study of empathy as a fruitful area of research? Figure 1 represents a survey of a fairly large literature almost all of which appeared after 1949.
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Fig. 1. Classification of Studies Dealing with Empathy

There has been activity, but in comparison with the study of other psychological phenomena, intelligence, for example, the efforts have been meager. There has been much theorizing but not a great deal else. Attempts have been made to link empathy to personality traits by defining specific empathic abilities but efforts beyond this have yielded little. Cottrell's injunction has been only partially heeded. Empathic processes have been studied from only a limited point of view and as a consequence we still do not have a dependable test for empathy. Empathy is talked about more today than it was ten years ago, but to date there is no measure of empathy that has either social, industrial, educational, or therapeutic usefulness.

This review will focus on conceptual problems (1) by tracing the history of the basic theoretical themes, (2) by describing the empathic qualities as they have been found, (3) by discussing the present paradigms for the study of empathy, (4) by analyzing the problems raised by the investigation of empathic abilities and processes, and (5) by presenting some suggestions for the future study of empathy.

Historical Survey

At the level of definition we find considerable agreement among the theorists and the experimenters. Fifty years ago Lipps (1909) coined the term Einfühlung which has since been translated as empathy. In Lipps' conceptualization there occurs a taking in of the stimulus and a reintegration of it by the respondent. The analogy to counseling is clear since we can think of stimulus as being the client and the respondent as being the counselor. The counselor's task, if he behaves empathically, is to integrate the client's response and offer it as an integrated abstraction to the client who then can integrate it for himself and continue to offer stimuli to the respondent counselor. In effect, because of the client-counselor interaction, client and counselor become S and
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R interchangeably. But the obligation of empathy, *Einfühlung*, rests with the counselor.

When we examine another term in the German language, *Mitfühlung* (sympathy) in relation to *Einfühlung*, we can see the implications of the concept clearly. *Mit* in this context must be translated as "along with" rather than "together with." A sympathetic person feels *along with* another person but not necessarily *into* a person. A sympathetic person does not need to interact with another person. To feel along with him, he may understand the other person, but he does not need to communicate the understanding to the other person. Empathic behavior implies a convergence of behavior. Sympathetic behavior implies a parallelism in the behavior of two individuals, a *Mitfühlung* rather than an *Einfühlung*.

Much later than Lipps, David Stewart (1954, '55, '56), the Canadian psychoanalyst, defined empathy as *mutual transference*. He traced the development of empathy, as a sequence beginning with identification, moving to transitorial imitation, then to conscious imitation, and finally to mutual transference. He describes the latter as the ability to identify without enactment. Stewart also talks of good will and empathy as being similar. He speaks disparagingly of controlled experimental studies of empathic behavior because, as he states it, "you cannot verify good will, you can only illustrate it in action and this is to know it in action" (Stewart, 1955). Stewart's concept seems to be close to Adler's (1956, p. 127) concept of *Gemeinschaftsfehl*, social interest.

The Lipps and Stewart concepts of empathy have in common their emphasis on abstraction of the other or the referent by the empathic person. They also share an emphasis on mutuality and interaction. Heretofore the Lipps concept has been too narrowly understood because of the static example which he used (English, 1958). The counselor who is involved in short-term and non-depth counseling should be aware of inappropriately utilizing the transference process in the short-term counseling situation. He does however need to be conscious of mutuality without enactment. Enactment is taken in its literal sense here, that the counselor does not need to enact or reenact the client's feelings, expressions or words. He offers an abstraction of these.

Dymond (1952) and others (Baker and Block, 1955; Bell and Hall, 1954; Bronfenbrenner, Harding, and Gallway, 1958; Halpern, 1955; Helfand, 1955; Jackson and Carr, 1955; Lesser, 1959; and Lundy, 1956) conducted a series of studies that dealt with empathic responses based on the more static understanding of the Lipps' concept. These researchers asked whether empathic responses are measurable and whether they can be learned. Implicit in Dymond's and others' assumptions seemed to be that any individual possesses empathy to a certain degree and that the individual's empathic qualities or characteristic seem to be developed in genetic stages. Dymond's findings that empathy is possessed in different degrees by different people seem conclusive. Dymond also seems to furnish evidence that the development of empathy is a result of particular life experiences (Dymond, Hughes, and Raabe, 1952). Her concept of empathy is based on role theory and depends on the "role taking" ability of a person. She defined empathy as the "imaginative transposing of oneself into the thinking, feeling and acting of another and so structuring the world as he does" (Dymond, 1948).

Speroff in 1953 defined empathy as "the ability to put yourself in the other person's position, establish rapport, anticipate his feeling, reactions and behavior . . . empathy and role reversal are mutually complementary." In addition to "role taking" he also requires "role reversal." *Concepts that are based on role-taking ability and predictive ability may be testing diagnostic understanding rather than empathy*. There is some question whether diagnostic understanding is equated with empathy or whether it is considered necessary to the therapeutic or counseling relationship (Robinson, 1955; Meehl, 1960). With Speroff we arrive at a definition of empathy which is
close to Murray's (1938) concept of reciprocality and an adaptation of role theory into a more interactive framework.

Lifton (1958) returns to the esthetic concept of empathy by using the metaphor of music sensitivity as a criterion variable for empathy, or the reputation for empathy. He believes esthetic responses are significantly related to empathy because they reflect the properties of the stimulus. He neither demonstrated that this metaphor is related to empathy nor did he accomplish what he set out to do, to solve the methodological problems inherent in the concept of empathy as prediction. He still remained orthodox in his approach by using interpersonal ratings as a criterion. Lifton, in discussing his study, raises the question whether counselors should be all things to all people. The question might also be asked whether the esthetic metaphor such as high degree of reactivity to an esthetic stimulus can be assumed to be sufficient metaphor for the counseling situation. The problem with this kind of criterion as well as with other reactive criteria is its absence of active reciprocity. While Lifton recognizes interaction and mutuality as a basis for empathy, he does not test for this in his study.

Squires, too (1956), in a test entitled A Test of Drama Appreciation uses an esthetic metaphor as a stimulus situation. His metaphor seems to be more appropriate as a test for empathy in counseling since both the dramatic situation as well as the counseling situation rest on affective dialogue.

**A Multidimensional Concept**

The studies based on the role-theory model assumed empathy to be a measurable quality as if it were a unitary trait. Hastorf and Bender concluded after a series of studies based on the role theory model that “Empathic ability seems . . . objective and cognitive . . . perceptive of the psychological structure of the other person. It seems to be a combination of sensory, imaginative, and intellectual processes. Imitative factors, particularly of a kinesthetic nature, may well aid the process” (1952). With these authors we begin to see a change of emphasis in the literature. Several people including Cartwright, nee Dymond (Lifton, 1958) are thinking in terms of different behavioral dimensions comprising that process which we infer to be empathy, rather than empathy as a unitary trait. Bronfenbrenner (Bronfenbrenner, Harding, and Gallway, 1958) and others also conclude that empathic processes are observed in more than one dimension. Their dimensions are: interpersonal sensitivity and sensitivity to the generalized other.

The present thinking in the field of empathy defines it as a process comprising several dimensions. Behavior on these dimensions leads to a consistency of interaction between people. This interaction becomes increasingly convergent or confluent. The dimensions are in part affective and in part cognitive. The behavior is different from projection, attribution, or identification because it is more abstract, objective and generalized. An empathic reaction is not the reenactment of another person's feeling nor does it involve a judgment of another person's act. Empathy has an anticipatory quality. Though affective in part, empathy is an abstract and abstracting process.

**Empathy and Personality Traits**

A study of Daane and Schmidt (1957) suggests that the empathic person is more likely to experience self-self conflicts rather than self-other conflicts. Empathic persons seemed to have higher neurotic and psychotic tendency scores on the MMPI than nonempathic persons. Dymond's (1948) findings seem to show that empathic persons are less guarded, more flexible, less hostile, more optimistic, more spontaneous, and more controlled in their emotionality than nonempathic persons. In a preliminary study this author finds that these personality factors or personal attitudes can be observed in a nonstructured supervisory interview situation with counselor trainees. He also finds a positive relationship between these observed characteristics and empathic interaction of these counselor
trainees when they are observed in actual counseling. Kerr (1954) found empathic behavior to be independent of general intelligence and recognized social leadership. He found that such characteristics as outgoing behavior and constructive social values are positively related to empathy. Kerr’s findings seem to be confirmed by Lundy (1956). Patterson (1962), in a recent study of the relationship of the Kerr-Speroff test to other personality tests, found no significant relationship between these measures and the Kerr-Speroff test.

Empathic Processes

The role-theory model for the study of empathy which became a basic model for further studies is as follows (Dymond, 1949):

A rates A
B rates B
A rates B
B rates A
A rates B as he thinks B rates himself
B rates A as he thinks A rates himself
A rates A as he thinks B would rate him
B rates B as he thinks A would rate him

Sometimes the ratings occurred as a result of controlled interaction; at other times subjects were asked to rate each other because of their contiguity in various group situations. The empathic interaction, however, occurred with one of several attitude and/or personality tests, projective or otherwise. While these studies satisfied to some degree the condition of mutuality and abstraction (a term item is certainly an abstraction of behavior), they did not satisfy conditions of mutual interaction.

The role theory studies also resulted in researchers asking the question: Are we studying empathy, projection, or attribution, or do we simply have measures of psychological similarity? Most of these researches appear to be dealing with the phenomenon of sympathy rather than with that of empathy. The experimental situation is a parallel situation rather than a convergent situation.

Speroff’s model for the study of empathy is as follows:

X elicits a response from Y by expressing Y’s point of view. Y consents or expresses satisfaction with the point of view expressed by X. Y in turn expresses X’s point of view as he sees it. X expresses consent or satisfaction with the point of view stated.

The object of role reversal is to effect a “cognitive restructuring of the situation so that the orientation is towards convergence of the perception” (Speroff, 1953). Speroff’s model for the study of empathic behavior seems to satisfy the condition of mutuality, interaction, and abstraction. Yet there is a static element in this concept because interactional events and roles are seen in isolation rather than as a fluid chain of events. In order to study empathic behavior in counseling one would have many X-Y) Y-X) consent events in a sequence. Hence we need to think of confluent behavior rather than convergent behavior. The empathic situation in counseling is a fluid one dependent on a series of convergent events.

Some Unsolved Problems

As the studies of role-theory model of empathy have developed, as role-taking has been related to prediction, questions were raised about these methods. It was found that researchers were dealing with psychological mechanisms such as projection (Norman and Leiding, 1956; Sanborn and McGuire, 1955; Cowden, 1955) attribution (Halpern, 1957), and identification (Jackson and Carr, 1955). It was also found that similarity of background (Helfand, 1955; Cowden, 1955; Sanborn and McGuire, 1955), similarity of experience (Helfand, 1955), transparency of a situation as compared to lack of structure (Arbuckle, 1958; Foa, 1958), and race differences and sex differences (Bronfenbrenner, Harding, and Gallway, 1958; Cowden, 1955; Speroff, 1953) were also factors affecting research results designed to discover and isolate empathic processes. These factors are sometimes positively and sometimes negatively correlated with empathic responses, as they were specified by the particular researchers.
If Stewart's (1954, '55, '56) conceptualization is acceptable, then it is likely that projection, identification and attribution as well as similarity of experience play a role in the development of empathic behavior and in the acquisition of empathic qualities. Wolf and Murray say: "A man can only understand what he has already experienced. One might hazard the statement that without empathy a man cannot make an accurate diagnosis and he can best empathize with those responses which resemble his own" (Allport, 1937). This is only partially true. The empathic person can go beyond pure similarity of experience (Gage, 1953).

A study by Wolff (Allport, 1937, p. 487) points to the more generalizing nature of empathy. Wolff's study of postural empathy points to a global type of identification rather than to a specific type of identification. Among the counselor trainees whom the writer knows, differences can be seen between the occasionally empathic and the consistently empathic trainee. Those who are occasionally empathic seem to respond only to similar situations. They seem to project and overidentify. However, those who are consistently empathic seem to be able to go beyond similarity of experience, seem to be freer of psychological mechanisms of projection and identification. However, researchers must take these mechanisms into account and must make allowances for them in their designs.

It is doubtful whether these allowances can be made through the use of rating techniques, that is, interpersonal ratings, or through the use of controlled experimental techniques. It would seem to this writer that correlational and observational techniques are more germane to the study of empathy (Cronbach, 1957).

Proposal for a Study of Empathy
Up to the present time the typical operational definition for empathy was the prediction of another person's response on some kind of personality test or on some kind of scale or inventory (Halpern, 1957). This type of procedure specifies the operation involved but it does not sufficiently differentiate empathy from other processes — diagnosis, for example. Thus, present operational definitions of empathy meet only one criterion of an operational definition: They are specific and at times slightly restricting but they are not differentiating empathic processes from other types of processes (Cronbach, 1957, p. 357). "... People might be empathic without being able to predict and might be able to predict accurately without the process being an empathic one . . ." (Cartwright nee Dymond, 1961). It thus becomes crucial that researchers go beyond the preliminary concepts of empathy that exist so far: role taking and interpersonal predictions.

Empathic responsiveness in counseling may involve a process of predictions and interaction. Role taking may be more applicable to a predictive type of empathy while the concept of mutuality of Stewart and Murray and convergence of perception of Speroff may be more appropriate to the interactive aspects of empathic responsiveness.

Speroff's term of convergence may further be modified for the study of empathic responsiveness in counseling by being called confluence. A counseling relationship has a flow; it has a movement and within the movement a series of convergent events may be observed. Each interview and each relationship has its own momentum. Hence the idea of confluence. When we talk about confluence we in a sense are speaking of a Gestalt of a total perception of the flow of the interview, of the quality of the counselor-counselee interactions; their agreements, their dissents, leading to personal expressiveness of the counselee.

Dimensions of Empathy
Empathy is a complex phenomenon. Different factors contribute to confluence. This Gestalt may be observed on different dimensions which have been adapted from Hastorf, Bender and Weintraub (1955).

1. Sensory and imitative responses become tone. This is an expressive and non-verbal dimension, only in part auditory. It is dependent on nuances related to
warmth and spontaneity. The counselor must be reflective of, and sensitive to, the expressive nuances of the counselee. Confluence exists when two people can be perceived to interact in expressive harmony or unity.

2. Kinesthetic similarity becomes pace. This is related to the appropriate timing of the counselor’s leads. Confluence occurs when the counselor allows the counselee to set the pace of the interview.

3. Intellectual and objective prediction becomes adherence to or relinquishment of strategy. This is related to the predictive, or role-taking aspect of the interviewer. Confluence depends on the counselor’s degree of flexibility. He should be able to discard previously thought-out tactics or goals for the interview if he discovers they do not fit the counselee’s situation. He should be able to “play by ear” and modify his strategy and plans, if need be, as the interview progresses. This dimension is dependent on counselor spontaneity, counselor flexibility, as well as the counselor’s ability to predict the counselee.

4. Cognitive perception of the other person becomes the capacity to perceive the counselee’s frame of reference. This is the ability to abstract the core of the counselee’s concern and the capacity to formulate this objectively and palatably to him, so that he in turn may elaborate.

5. Imaginative variation of responses becomes repertoire of leads. This is related to the counselor’s resourcefulness, his ability to vary his leading imaginatively and appropriately. Confluence occurs when the counselor possesses a broad range of leads which he can apply to both manifest and dynamic content of the counselee’s expression. Ideally the breadth and depth of repertoire of leads should offer the counselee ample opportunity to develop and expand the themes of his concern.

Tone and pace are also related to Lifton and Cartwright’s (1958) categories of responsiveness and Bronfenbrenner’s, et al. (1958) categories of interpersonal sensitivity. Strategy and flexibility are related to Lifton and Cartwright’s dimension of differentiation while the capacity to perceive the counselee’s frame of reference is related to their category of recognition of feeling, and repertoire of leads to the Lifton-Cartwright category of communication. Figure 2 illustrates the relationship of the confluence dimensions as defined here to other dimensions presented by other researchers.

Observable behavior contributing to confluence in counseling for these different dimensions can easily be specified.1 Katz (1962) in a preliminary study of the relationship between predictive empathy, based on the role-taking model, and interactive empathy based on the concept of confluence and the above dimensions, found among 21 counselor trainees a neg-

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1This will be reported separately.
ative rho of -.39 between predictive and interactive empathy ($\rho = 1.89$ approaching the .05 level of significance). Katz' results confirm Cartwright's and this writer's contention that empathic prediction and empathic interaction should be studied separately.

For the study of the empathic interaction, situational tests such as those devised by Astin (1958), Arbuckle and Wicas (1959), or Weinstein and McCandless (1959), or the technique of rating and evaluating tape-recorded interviews may be fruitful techniques for studying empathic responsiveness.

If empathy is related to the capacity of the counselor to share the same perceptual field of the counselee, as if he were the counselee, and to communicate these perceptions to the counselee, the nature of sharing as well as the communication needs to be studied and specified. The techniques of role-taking and interpersonal prediction do not seem to be sufficient measures of counselor empathy.

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