Definitions and Conceptualization

To be one in heart is enchanting,
more than to be one in tongue.

—Rumi (Persian mystical poet and philosopher, 1207–1273 AD)

Preamble

Empathy, a translation of the German word *Einfühlung*, has been described as an elusive and slippery concept with a long history marked by ambiguity and controversy. There is no consensus on the definition of empathy. However, there has been an ongoing debate about the construct of empathy, described sometimes as a cognitive attribute featuring understanding of experiences of others; at other times, as an emotional state of the mind featuring sharing of feelings; and at still other times as a concept involving both cognition and emotion. Distinctions are made in this chapter between cognition and emotion and also between understanding and feeling. Subsequently, the unsettled issue of the differences between empathy and sympathy is addressed by viewing empathy as a predominantly cognitive attribute featuring understanding of others’ concerns that has a positive and linear relationship with patient outcomes and by viewing sympathy as a primarily emotional concept featured by sharing emotions and feelings that has a curvilinear relationship (an inverted U shape) with patient outcomes. Distinctions between cognition and emotion, understanding and feeling, and empathy and sympathy have important implications not only for the conceptualization and measurement of empathy in patient care but for the study of patient outcomes as well.

Introduction

The notion of “empathy” has a long history marked by ambiguity, discrepancy, and controversy among philosophers and behavioral, social, and medical scholars (Aring, 1958; Basch, 1983; Preston & deWaal, 2002; Wispe, 1978, 1986). Because of conceptual ambiguity, empathy has been described as an “elusive” concept (Basch, 1983)—one that is difficult to define and hard to measure (Kestenbaum, Farber, & Sroufe, 1989). Eisenberg and Strayer
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(1987a, p. 3) described empathy as a “slippery concept . . . that has provoked considerable speculation, excitement, and confusion.” Also, because of the ambiguity associated with the concept of empathy, Pigman (1995) suggested that empathy has come to mean so much that it means nothing! More than half a century ago, Theodore Reik (1948, p. 357), the prominent psychoanalyst, made a similar comment: “The word empathy sometimes means one thing, sometimes another, until now it does not mean anything at all.”

Because of the conceptual ambiguity, Wispe (1986) suggested that the outcomes of empathy research may not be valid because empathy means different things to different investigators, who may believe they are studying the same thing but actually are referring to different things! As a result, Lane (1986) suggested that empathy may not even exist in reality after all. Later, Levy (1997) proposed that the term should be eliminated and replaced by a less ambiguous one.

Despite the conceptual ambiguity, it is interesting to note that empathy is among the most frequently mentioned humanistic dimensions of patient care (Linn, DiMatteo, Cope, & Robbins, 1987). Many successful clinicians know intuitively what empathy is without being able to define it. In that respect, empathy may be analogous to love, which many of us have experienced without being able to define it! Thus, while we all have a positive image of the concept of empathy and a preconceived idea about its positive outcomes in interpersonal relationships, we wonder how to define it operationally. Needless to say, no concept can be subject to scientific scrutiny without an operational definition.

The Origin and History of the Term Empathy

The concept of empathy (not the English term) was first discussed in 1873 by Robert Vischer, a German art historian and philosopher who used the word Einfühlung to address an observer’s feelings elicited by works of art (Hunsdahl, 1967; Jackson, 1992). According to Pigman (1995), the word was used to describe the projection of human feelings onto the natural world and inanimate objects. However, the German term was originally used not to describe an interpersonal attribute but to portray the individual’s feelings when appreciating a work of art, specifically when those feelings blurred the distinction between the observer’s self and the art object (Wispe, 1986).

In 1897, the German psychologist-philosopher Theodore Lipps brought the word Einfühlung from aesthetics to psychology. In describing personal experiences associated with the concept of Einfühlung, Lipps indicated that “when I observe a circus performer on a hanging wire, I feel I am inside him” (cited in Carr, Iacoboni, Dubeau, Mazziotta, & Lenzi, 2003, p. 5502). In 1903, Wilhelm Wundt, the father of experimental psychology, who established the first laboratory of experimental psychology in 1879 at the University of Leipzig in Germany, used Einfühlung for the first time in the context of