

Box 6.3 More About... Empathy



Empathy is one of the most powerful and effective skills a social worker can develop.

Empathy is a multidimensional construct that includes both "bottom-up" and "top-down" components (Decety & Jackson, 2004). The bottom-up part of empathy is the automatic or unconscious affective process that allows us to recognize another's emotional state.

The top-down part of empathy is the conscious cognitive processes that enable us not only to explain and predict our own behaviors but the behaviors of others as well.

There are four definable components of empathy, one bottom up and three top down, that correlate with brain activity observed in four soluble neural networks (Decety & Montuori, 2007, p. 4). They are as follows:

Affective Sharing

This refers to the subjective "reflection" of another person's observable experience (e.g., "feeling amazed when someone else laughs," or "sad upon seeing another's grief). This is based on automatic neural mirroring, and the "shared representations" such as facial expressions or activities associated with feeling. This is the bottom-up component of empathy.

Self-Awareness

Mirroring alone can be so powerful that it effectively erases the perceived boundary between self and other. Self-awareness implies that the empathic person clearly

differentiates between his or her experience and that of the person being observed.

Perspective-Taking

This refers to the cognitive ability to learn about the situations affecting others and to effectively imagine what it would be like to experience the world from the other's position. It requires abstract thought, calculation, and applied knowledge.

Emotion Regulation

This refers to the empathic person's ability to "turn down the volume" of his or her own feelings as they arise from mirroring another's experience. Inability to regulate emotion can result in overwhelm and burnout for individuals in helping or caretaking social roles.

All four neural networks must be activated for a social

worker to have a complete experience of empathy for a client. If any of the components is missing or inhibited, social workers may have a partial reaction (e.g., wincing when someone else feels pain) but not a truly empathic response (e.g., reacting to the "empathic winces" as a personally uncontrolable experience, but failing to extend enough attention to inquire what the other person is subjectively experiencing). We now know that our minds are hardwired to provide an inner simulation of our clients' feelings, thoughts, and experiences.

Source: Excerpt from Gerdes, Segal, Jackson, & Mullins (2011).

Gwen's goal is to collect, organize, and interpret pertinent information. What are Michael's past experiences with seeking assistance? What has and has not worked in the past? Who are the people in his support network? Does he belong to a religious institution or another group that he is engaged with on a regular basis? From Michael's perspective, what are his challenges and strengths? What resources does he have access to? Gwen is trying to ascertain Michael's strengths and limitations. She needs to gather data from Michael but also get his express permission to talk with other people and systems that he is connected to or needs help from (Hepworth, Rooney, Rooney, Strom-Gottfried, & Larson, 2013). For example, Gwen may need to talk with medical professionals, such as doctors and medical social workers who have worked on Michael's case. If appropriate, Gwen may ask for permission to talk to Michael's family members.

The assessment process makes use of the skills needed to conduct effective interviews, engage the client in the helping process, and analyze the information collected. Often, the assessment process involves bringing the initial

information to a clinical team or supervisor for further assessment. In their next session, Gwen shares her assessment with Michael, and they discuss it. Together they decide on a set of goals: (1) Apply for Medicaid in order to cover his medical expenses; (2) find a clinical social worker to help treat Michael's depression; (3) investigate low-income housing options; (4) apply for Social Security disability insurance and Supplemental Security Income (SSI) for financial assistance; and (5) build Michael's support network (he currently relies mainly on his sister, who lives nearby).



EP 7c

Intervention During the intervention phase, Gwen will help Michael achieve his goals by negotiating, mediating, and advocating for Michael with the referral agencies and resources. In addition, the HIV/AIDS social service center offers some **direct services** for Michael, including a support group for HIV-positive clients. Delivery of services or intervention can take place through **information and referral (I&R)**, the creation of **network linkages**, and the provision of direct services. Social workers play active roles in all three areas of service delivery.

Information and Referral In Gwen's position as a case manager, she often provides services through I&R. The overall goal of information and referral is to enhance a client's access to service by improving awareness and knowledge of services and reducing barriers to them. Often, social services are specialized or are offered as parts of larger systems, and are thus difficult to locate. Without specialized knowledge, and particularly when they are in crisis, clients are sometimes at a loss to identify needed services.

For example, suppose one of your parents is suddenly hospitalized for emergency heart surgery. Although the hospital and medical staff handle the immediate medical emergency and in-hospital care following surgery, what will you do about after-hospital care? Do you know how to find home health care if your parent is not ready to care for him- or herself? What if the recovery period is long, and physical therapy is needed? Can you find an intermediary care facility if your parent needs more care than can be provided at home? A medical social worker can help you cope with the emergency and can provide information on services and refer you to agencies and specialists.

Social workers also help people overcome barriers or obstacles to receiving services. Some social workers are bilingual and can work with people whose first language is not English. Social workers can arrange for transportation to medical appointments or for a child with a disability to attend a special school. Some barriers to service can be physical or legal. For example, agency services may be available only during the day, and people who work may have trouble accessing them. Social workers can lobby for extended evening hours or make special arrangements for after-hour interventions. A school may refuse requested accessibility services for a child with a disability, an infraction of a legal right to access. A social worker can advocate for services and ensure that the student's legal right is upheld.

These efforts are part of reducing barriers to service and fulfilling the role of information and referral. In order for I&R to be helpful, the social worker