

THE HISTORY AND ETHIMOLOGY OF THE TERM “EMPATHY”: A PSYCHOTERAPEUTIC VIEWPOINT

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ABSTRACT: Empathy is the emotional process that has probably made the deepest cleavage between psychoanalysis and the humanistic therapies preceding it. There is a clear distinction between the impassive and neutral type of therapist represented by Freud, who does not allow any reply, similar to a god at whose feet to provide the transfer offering while investing him with the most unsuspected powers, and the empathic type represented by Rogers, providing warmth and trust in each session. The latter forms a less authoritarian relationship, but equally effective for the therapeutic process, causing the shift from neutrality to empathy and reflection of client's feelings to bring benefit to the creation of the psycho-therapeutic methodological basis. This paper has the objective to highlight some features of the empathic process, focusing both on empirical research and its objective results, as well as on emphasizing the therapeutic role of the affective identification. Due to the information described in this paper, it can be considered helpful for improving the theoretical background of integrative psychotherapy.

KEYWORDS: empathic, therapeutic process, emotion, integrative psychotherapy

1. INTRODUCTION

Any reference to the term “empathy” should probably start with the most prominent investigation of the homonymous process (especially in psychotherapy) carried out by Rogers and his students. Even if the term has become known mostly due to their studies and writings, Rogers seems more concerned with describing something far more important for psychotherapy: not only a term, but an attitude of openness and understanding, which permits the therapist to penetrate an individual's mind without being judgemental of his inner thoughts, feelings and experiences (Zimring, 2000).

The term “empathy” has been known in English since 1910 as a result of Titchener's studies, a famous psychologist working with Wundt. At that time, the term represented a translation of the German word “Einfühlung”, specifically used in psychotherapy. According to Shlien (1997), “Einfühlung” was related

to appreciation. The use of “empathy” is now very different from its relationship with the Greek word “patheos” meaning “suffering, sickness” or “to suffer with”, which is the root for the word “sympathy”.

Rogers' contribution is an essential one; introducing a new perspective on personality changes but also on therapy, where empathy is seen as a basic component due to his work in this field because his perspective is partly deriving from the phenomenological theory (the behaviour of an individual is usually a result of his perception of the surrounding world). According to Rogers' view, the client's perception regarding the world counts more for a therapist than the client's ability of understanding the circumstances (Wispé, 1987).

Despite this fact, according to his phenomenological ideas, he explicitly stresses that the client is the one who should perceive these aspects in order to improve his condition. Therefore, Rogerian therapy is considered as a non-directive therapy (or self-directed). Moreover, within the therapeutic process, empathy is seen as one of the most powerful factors in the change process. According to Rogers, clinically healthy individuals have a Self built on their own assessments of their experience. It can be noticed that one's life has improved when he is able to evaluate his experiences without changing the reality, and if the therapist is assisting this process, he has the role of creating a safe environment for the client, of understanding the client and communicating his answer. This is one of the reasons why an empathic therapist accepts the client unconditionally, knowing that this approach can help him learn to believe in his own feelings (Zimring, 2000).

Even from the beginning, Rogers's theories based on the empirical approach have led to studies focused not only on the therapeutic role of empathy, but also on developing useful methods for measuring the level of empathy. He considers empathy as a core concept in therapy and not just a technique or a way to provide feedback to the client, but part of an assembly of specific attitudes. Contrary to the

emphasis made by psychoanalysis on limiting empathy to the unconscious structure of experience, for Rogers empathy involves focusing on the current state of meaning and the experiences available to the client “here and now”.

Rogers offers two definitions of empathy. Earlier in 1959, he describes empathy as a feature designed to accurately perceive the internal reference frame of another person, having the emotional components and meanings as if someone would actually be that person, but without losing his own conscious perception of reality. Consequently, this implies feeling pain or pleasure as the other person feels, and also perceiving the causes of these feelings as the other perceives them. Later, he refers to empathy as a “process” and not a trait like his previous definition is stating, describing the process of entering someone’s world of intimate perception. The definition can be considered the most comprehensive description of empathy, although a long one, Rogers probably seeing empathy as too complex to have a short definition. As a conclusion, Rogers’s theory says that clients treated by using an empathic approach are more likely to become self-confident and motivated to come to therapy and to make positive changes in their way of thinking and, therefore, acting. According to him, it does not matter how many times a client has failed, because the therapist has the moral and professional obligation to not judge him, and instead to accept him with his flaws and imperfect qualities just like every other human being (Rogers, 1975).

Another important name promoting empathy as an essential part of the therapeutic process is the psychoanalyst Heinz Kohut, best known for developing the theory regarding Self psychology. His opinion underlines the fact that a child who is experiencing empathic failures is likely to become an adult which has difficulties in establishing a balanced structure of his own Self. From Kohut’s point of view, the therapist’s empathic approach leads the way to a therapeutic framework which allows the client to begin a transference process by developing and expressing feelings related to his childhood problems (Wispé, 1987). Consequently, this attitude can serve as a chance for clients as individuals to solve their issues and focus more on their development.

In order to explain one of Kohut’s theories, it is necessary to mention that he believes a “distant approach” regarding the psychoanalyst’s interaction with the client is not suitable for the therapeutic process because this method does not focus on empathy, but rather on the therapist getting to know his client by observing his way of thinking through

the free associations he makes. Later on, the therapist’s work includes using this information and analysing it in association with other theories in order to find unconscious patterns in the client’s Self structure. But Kohut does not agree with this method, instead he finds as more important the process of empathic understanding of the client’s inner vision and functioning, that’s why he promotes a method based on empathy, called the “experience-near”. The more abstract term used in association with this method is “vicarious introspection”, a process through which the therapist can reach inside his client’s mind by putting himself in his place (Wispé, 1987). According to Kohut, the only proper way of understanding the client’s feelings and how they influence his behaviour, is to experience them himself, which is possible by the means of vicarious introspection.

Regarding the clinical applicability, Kohut describes empathy as an essential process in psychoanalysis for finding specific information about the client, because it includes the therapist’s capability of transferring himself in “the client’s shoes” in order to perceive his inner life. But the therapist should also be cautious to not mistake empathy for a loving and compassionate attitude (Kohut, 1980). Next he sees empathy as a suitable scientific method for the research process of an individual’s mental state and the way he expresses his inner thoughts and feelings. Even if his theories try to limit psychoanalysis only to assessing and interpreting these inner states, natural sciences on the other hand use a more objective perspective, examining from the outside and using more precise techniques. In relation with Kohut’s studies, he considers empathy more than a simple state or attitude because it helps the therapist to see and analyse deeper than just some physical characteristics (Kohut, 1980). Moreover, empathy can be considered as having a major role in human interaction, despite the fact that it’s not an infallible process.

From the perspective of the integrative strategic model of the Self, in the process of working on the emotional axis, the therapist may find viable answers that are congruent with the client’s inner state: these are the answers that trigger the therapist’s emotions due to the ones verbalized and felt by the client, the manifestation of empathy and the answer given to the client, self-disclosure and also empathic understanding. In this context, the integrative psychotherapy manual states that establishing a genuine relationship based on respect and empathy is the fundamental clause facilitating internal evolution and human development and furthermore, characteristics like honesty and spontaneity can

correct the transference perceptions of the client, making the psychotherapist's answers prove their significance (Popescu and Vișcu, 2016).

Although some scholars have made studies pointing out similar concepts like affection, the term "empathy" has always transmitted the idea of learning something about another man's conscience by obtaining valuable information regarding his subjective side. Stein (1989) describes empathy by using more general terms like "the experience of foreign consciousness" and the means through which someone can take a look into another individual's mental life. Summing up the written above, it can be said that empathy has become known and used in psychotherapy especially due to the contributions of Carl Rogers and Heinz Kohut, turning it into an essential component of today's methods in this field (Stein, 1989).

2. THE THERAPEUTIC DIMENSION OF EMPATHY

In psychotherapy research, empathy is often studied and interpreted by dividing it into two parts: the first related to the cognitive side used for perceiving and describing someone's experiences, and the second related to the emotional side used for understanding and interpreting the client's feelings (Rogers, 2015). In order to provide a more accurate explanation for the second side, Fiedler describes in one of his studies the fact that empathy is actually connected with non-verbal communication which has a major role in the therapeutic process, giving as an example the therapist's tone which leaves the impression that he is completely able to understand and share the client's feelings. This is the reason why several more studies have been conducted in this area to prove the importance of non-verbal factors in the process of showing empathy (Fiedler, as cited in Rogers, 2015). Elliot has cited Bachelor's work of expanding the concept of empathy, which has led him to finding four different styles of empathic communication: cognitive empathy (related to the ability of consciously understanding the client's experience and the reason for his actions), affective empathy (describing the ability of being part of the client's emotional state and observing the way it unfolds), sharing empathy (a way of sharing personal opinions or experiences related to the current situation describing the communication process) and support empathy (showing the way the therapist is there for his client). In addition, other studies in this area have also shown the behavioural aspects of empathy (expressed empathy) and various proposed models that can be used by the therapist for achieving a

successful empathic communication, by taking into consideration the process of understanding the client's feelings and developing the therapeutic relationship (Elliott et al, 2004).

2.1. Theoretical aspects related to therapeutic empathy

Trying to connect empathy with the results of a certain treatment has been repeatedly assessed over time within different psychotherapeutic approaches and by many researchers interested in this field. One of them is Bohart et al. (1997) who has examined this connection during a bigger research including forty-seven studies and more than three thousand patients from all types of cognitive, behavioural, experiential and psychodynamic therapies. The interesting fact is that almost half of them have been previously diagnosed with mental conditions such as combined neurosis including affective and anxiety disorders. The hypothesis of their research has been meant to prove the existence of higher correlations between empathy and the treatment results regarding the experiential and humanistic therapies due to their main focus on empathy as a major factor in the change process (Bohart et al., 1997).

Despite their hypothesis, the studies' outcome show stronger correlations between empathy and the treatment results regarding the cognitive-behavioural therapies, the other ones indicating weaker correlations.

When leading a research or realising a study, regardless of its object or field to which it applies one can only try to predict the possible outcomes based on theories and other studies. But unfortunately for these studies, not all predictions made become true and, like the research mentioned above, the study of Hatcher et al. (2005) can also be seen as a proof for that. His study consists in finding possible distinct features between therapists having different beliefs and using diverse approaches, regarding their ability of being empathetic with their clients even if they have had very different life stories from theirs. The subjects are, therefore, 93 therapists who have been given the task to watch a few videos presenting some true stories about certain patients. The outcome indicates that it doesn't matter what the therapists' orientation is (integrative, cognitive-behavioural, humanistic, psychodynamic, and other orientation), because there have been found no significant differences between their ability of showing empathy to those clients. As a conclusion to all these studies, it can be said that the limited empirical evidence indicates that in the process of finding connections between empathy and the therapeutic results, the

orientation of therapy plays an important role, but having a different orientation does not influence the therapist's thinking and manifestation of empathy.

2.2. Therapeutic empathy and its role in psychotherapy

Empathy seen as a therapeutic process has its beginning in the history of cognitive-behavioural therapy (CBT), concept which has been rather controversial. Even if some researchers in CBT field such as Beck (1995) have discussed upon the importance of empathy in therapy, others have minimised its usefulness to its denial. However, it seems that empathy is indeed essential for a therapy based on the cognitive-behavioural approach, this being the reason for creating and trying to confirm several hypotheses related to identifying its significance. First of all, not everyone has agreed that empathy can serve as a way of lifting the mood of a patient, making him more dynamic. Secondly, empathy is considered as a factor that can enhance the patient's feelings of hope and determination, which may lead to respecting and solving his therapeutic homework. Finally, the ability of showing empathy may have the role of inducing greater involvement of the patient in the therapeutic relationship, this helping create a stronger working alliance.

In order to continue the studies related to finding the significance of empathy in cognitive-behavioural therapy, Burns and Nolen-Hoeksema have tried to observe the role of empathy in the treatment results on a representative number of depressed patients undergoing therapy. Consequently, interpreting the obtained results has proven that patients working with therapists showing a high level of empathy (from the patients' viewpoint) have improved their mental state much more than patients having therapists that showed less empathy. In this context, Nolen-Hoeksema and his colleague have emphasized the significance of empathy when it comes to the client's opinion on the therapist, given the fact that therapies have had a tendency to focus more on technical interventions than on therapist's qualities or the relationship created (Hoffman, 1987).

When considering the typology of clinical dimensions, empathy is an emotional reaction manifested by an observer, reflecting the emotional state of another individual, this leading to taking into consideration at least three different types of empathy. The differences between these types are important to identify as they are involved in various cognitive architecture.

The three types of empathy mentioned above are the following:

1. Motor empathy, used for mirroring the observed motor responses of the person who performs a certain action. When speaking about emotional social interactions, it is thought that the functioning process related to mirror neurons can have a major role in the empathic process responsible for recognizing the emotions experienced by other persons. Another debated subject says that, while observing the execution of a certain action done by an individual, in the observer's mind takes place the activation of mirror neurons, which leads to a process of matching what he has seen with his own internal representations related to that action. That is the reason why this finding has been extended in order to suggest that mirror neurons can offer a type of simulation based on empathy which uses communication between the limbic system and regions of the brain connected with the emotion process (Iacoboni and Mazziotta, 2007).

Furthermore, it has been noticed that some disorders from the autism spectre are associated with minimised effectiveness of the mirror neurons system, being known also the fact that these disorders indicate low levels of empathy, limited personal view and interests, adjustment problems and limited social interaction (Avenanti et al., 2006).

In relation with the pain felt by an individual, his way of perceiving pain indicates an independent activity which leads to manifesting his feelings through an empathic response to pain, associated with its correspondent neural structure. As a consequence, when a person witnesses a harmful situation as affecting another person's body, this can activate the functional modulation of the cortical-spinal system by using the mirror neurons mentioned before, which affects the cortical excitability by inhibiting it. In order to emphasise these actions, the best way would be to measure the motor evoked potential signals (MEP) and to use their amplitude to demonstrate the modulation of the motor system due to changes in the mirror system. In the attempt to demonstrate motor inhibition, there have been used needles on a human model, indicating a decrease of the MEP amplitude corresponding with the muscle where the pain is induced and observed (Avenanti et al., 2006).

2. Cognitive empathy, describing the way an individual can represent the internal mental state of another individual. This idea actually refers to the Mind Theory, describing the individual's capacity of creating a mental representation of another person's ideas, wishes, beliefs, plans and intentions, knowledge, which helps him explain and predict that

person's behaviour. A classical way of assessing this Mind Theory concept is the Sally-Anne Task, having as components two dolls whose name inspired the title of the task, and also a basket, a marble and a box (Wimmer & Perner, 1983). The person who is involved in this task has to watch Sally as it "puts" the marble into the basket and then leaves. Meanwhile, Anne "takes advantage of" Sally being out and "moves" the marble piece by removing it from the basket and placing it into the box, and after this action, Anne leaves, too. When Sally comes back, the observer has to answer the question: "Where will Sally look for the marble piece?" In order to complete this task, the observer has to put himself in Sally's place by representing its mental state which indicates the belief that the marble is located in the basket. Otherwise, he will give an answer based on the real location of the marble, meaning in the box. Usually, healthy individuals can complete this task successfully starting with the age of four years old (Wimmer & Perner, 1983).

An individual's ability to represent other person's mental state has been considered an important factor for the feeling of "emotional empathy", as well as a type of empathy itself (Feshbach, 1987). When realising this task of putting oneself mentally in someone else's place, the internal mental representations of the other are believed to turn on the process leading to obtaining an affective or empathic response. Feshbach (1987) has seen empathy as having a three-process role: the first one consisting of the cognitive ability to differentiate between the affective responses given by others; the second function presenting the cognitive abilities developed as decisive in the process of assuming another person's perspective and role; the third function presenting the emotional reaction as in "the ability of manifesting emotions" (Feshbach, 1987). In conclusion, empathy is created so that it shows the result of the affective and cognitive processes operating together.

3. Emotional empathy: a congruent emotional response to another individual's emotional reaction. Some studies have rejected the idea that emotional and cognitive empathy are different types, sustaining the idea that "real empathy" can be integrated in both of these types. Despite this theory, recent research on this subject has unveiled the fact that human brain has a different response when cognitive empathy is activated than the activation of emotional empathy. When speaking about emotional empathy, studies have shown that the activated areas in the brain are the thalamus and the limbic system useful for processing emotions, and also the mirror neurons

system. Other excitatory areas are the cortical regions which have a role in perceiving the body, and the pre-motor cortex which connects the brain to the spinal cord, being considered to directly influence the physical behaviour and forming part of the mirror neurons system. Emotional empathy has been found to increase brain activity in the same areas as cognitive empathy, but compared to the first one, the latter activates more strongly the regions of the prefrontal cortex which have a role in language developing and processing its meaning (Gallagher, 2003).

When studying emotional and cognitive empathy through the competencies related to emotional and social information, results show that developing abilities connected to cognitive empathy involve the Self and social sensitivity, while on the other hand, self and social relations management is connected to emotional empathy. It has been found that this information is true especially in the case of negative emotions.

2.3. Psychotherapy and emotional empathy

Two arguments have been used to identify the empathy indicator at individuals having a form of psychopathy: one referring to skin conductance responses (SCR) using tests that induce empathic stimuli, and another argument indicating the ability of recognising facial expressions. Three studies have also been conducted to analyse the vicarious conditioning in individuals suffering from psychopathy, focusing on the participant's ability to learn an autonomous response to a stimulus associated with a danger involving another person. From these studies made, two of them have showed the existence of a vicarious conditioning at persons with psychopathic disorder, except for the third study. In addition to these results, two of the studies have also examined the skin conductance response of people with psychopathic tendencies when watching photos of sad people, threatening stimuli (furious people, weapons) and neutral stimuli (like a book) (Blair, 2007). One of the studies has involved adults and the other one – children. Results have shown that both adults and children with psychopathic tendencies have had a low skin conductance response at the sight of sad faces when compared to the control group. Another important fact is that adults, as well as children with psychopathic tendencies, have obtained a SCR in accordance with the angry faces shown in the photos, which indicates the idea that these people may have a selectively distorted empathy (Blair, 2007).

When assessing adults' and children's capacity of recognizing facial and vocal expressions, most of the results have shown their difficulty or failure of perceiving some facial expressions as indicating sadness (especially children have had this difficulty) or fear (Stevens et al., 2001).

In a study made by Kosson et al. (2002), there have been found some problems related to recognising disgust when choosing the photos with their left hand in the SCR test (Kosson et al., 2002, as cited in Blair, 2007). Blair et al. (1996) have been previously confronted with the same problems regarding their participants' capability of recognising disgust, except for the cases where they have had a covariate intelligence coefficient.

Although the studies described in this section of the paper indicate a certain selectivity and also difficulties related to the capability of psychopathic individuals to process and recognise expressions representing fear, sadness or disgust, none of the studies has proven that these persons have problems when it comes to recognising other emotions like happiness or surprise. On the other hand, it has been found that usually patients with neurological disorders (resulted from cortex damage or mental disorders) may have problems related to face recognition and especially to the faces indicating anger (Blair, 2007).

Impaired empathy is thought to be one of the most important characteristics of psychopathy. This part of the paper has described the possible nature of this impairment, taking into consideration both cognitive and emotional empathy. On the other hand, the studies that have been presented here do not prove the existence of an association between the Mind Theory and most antisocial people (Blair, 2007).

Summing up the written above, it can be stated that emotional empathy may be developed when interpreting signs of non-verbal language like recognising other individuals' feelings based on their facial expressions. From a neurological perspective, this type of empathy uses the cortical and subcortical routes that transmit information to the areas of the brain where emotions are being processed. Consequently, an adequate response is created to correspond for example with sadness or fear which represent the basis of learning emotions, or with anger which is responsible for stopping a certain behaviour. When it comes to psychopathic persons, it is thought they have a selective empathic deficit because they can recognise only certain expressions when they see an emotion representation, and studies have shown their impairment comes from the existence of an amygdala dysfunction in their brain.

In spite of these interesting findings, there are still a lot of theories that have to be proven and many other new things to be discovered.

3. CONCLUSIONS

As it has been stated in this paper, there is no doubt that psychopathy can be associated with impaired empathy. Despite all the studies made, there still remain questions related to what forms this empathic dysfunction can take, because there haven't been found accurate results yet, indicating malfunctions in systems involved in processing facial expressions: while psychopathic individuals seem to have difficulties in recognising some emotional expressions, the general damage to the correspondent areas of their brain seems however to be only partial. Naturally, empathy has an essential role in developing and studying psychotherapeutic theories, as it has been found after analysing hours of therapy and studying philosophical ideas describing human nature. When speaking about humanistic therapies and attachment theories, it results a positive view over human nature, starting from the hypothesis that individuals actually have a positive direction in their lives. One of the basic philosophical hypotheses related to these theories has been that all individuals have the ability of self-actualisation, and in a proper environment they are able to find their own way to grow and develop their strengths, except for the cases when this ability is blocked or prevented by something else. Furthermore, it can be stated that human nature is rather good than bad, and when a person manifests empathy, honesty, authenticity and a positive perspective regarding another person, this constructive force of self-actualisation is sustained and promoted. In spite of this, an individual's positive beliefs and potential that shape his personality can be slowed down especially during childhood by the negative influence that some close people may have upon him.

Integrative psychotherapy tries to create an environment based on empathy, acceptance and openness to new ideas and behaviour, which represent essential qualities for therapeutic improvement. Considering these conditions, the client has the means to find his own way of managing the therapeutic process. In addition, empathy involves certain sensitivity to the changes that can occur in other people's feelings, in order to recognise fear, anxiety, anger or confusion, which requires a subtle "journey" inside their personal universe. The only proper way of achieving this is without making any judgemental assumptions that can hurt the others and force them to build a stronger defence "wall" to

protect them from these intrusions. Therefore, by building a safe therapeutic framework, the communication process between the therapist and his client offers the opportunity to heal and improve in every needed aspect of the client's life.

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