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RECENZJE/REVIEWS

Eriksson K., Englander M. (2017). *Empathy in Social Work*. "Journal of Social Work Education", 53 (4): 607–621. DOI:10.1080/10437797.2017.1284629.

Reviewed by: María Acevedo Limón

Empathy is defined by the Cambridge Dictionary as "the ability to share someone else's feelings or experiences by imagining what it would be like to be in that person's situation". But when it comes to the profession of social work there has always been a debate about which author provides the most accurate definition, how best to put this in practice when we are working, etc. In this article, the authors have illustrated an approach to the reality of putting empathy in practice when working as social workers, specifically when working with "forced immigrants".

Empathy and sympathy are concepts that, most often, have been used indistinctly – just Mary Richmond (1917) used to do. But now, we consider these as different terms: sympathy is defined by David M. Berger (as cited in Raines 1990) as "the capacity of entering into… the feelings of another, specifically, being thus affected by the suffering… of another" while empathy is defined by him as a concept which between this and the concept of "insight" (more a "seeing into a … subject"). He states that empathy it is "not so far removed as … insight" but, "not as involved as … sympathy" which affirms that empathy makes use of both these abilities. Hence, what Berger basically asserts is that we are able to sympathize with the situation of the client and experience his or her emotional state, but we should not allow ourselves to get too involved, respecting the "professional distance".

The article under review – by Karl Eriksson and Magnus Englander – offers a general phenomenological perspective of empathy through five qualitative interviews with social workers, with a division of the information into three themes. The first one treats the "empathic presence" and talks about the importance of making sure that the client knows that we are listening. As empathy can be perceived by the other, it is important to put an effort into achieving that. In fact, some interviewees talk about the way they dress when with a client. For instance, participant 3 states that it is important to not allow any kind of interruption; for this reason she never takes her telephone to a meeting. In addition, she affirms that "I am in the room. I am nowhere else."

The second theme is called the "professional stance". This pertains to the problems that some social workers must face in order to be empathic with the another human being, but without overinvolvement because we must constantly and consistently keep our

position and our job in mind. Getting too engaged in the other person's problems can lead to more problems. Indeed, this is a cause for added stress in some social workers who engage too much in their work and in what they hear every day.

The third theme presented in the article is the " recognition of the other" – a theme that is really important and interesting. The authors state that "Empathy is not just a way to convince the other of one's effort and devotion to his or her experiences; there is also the element of understanding these experiences". It is important not just to say that you understand but to show it, too. Even if the feelings of the client seem frustrating or "rare" to us, empathy is necessary because it is about "every person's equal worth, as opposed to feeling pity or feeling sorry for someone".

As another important idea, this article speaks about the situation of having a completely different background from the client: the first fears are what this could bring when it comes to being empathic with that client. We could think that it would be more difficult, however, it actually makes it easier to appreciate the uniqueness of the client and his or her experiences. Otherwise, we would feel identical and might not empathize. This is related to the idea of one of the research participants when she speaks of the three types of understanding. She states that, as we might be significantly different from the client, we might not gain a completely "emotional understanding". Nonetheless, with an intellectual one (which allows us to understand certain experiences although we have never gone through them) and with a sense of sharing humanity with our clients, it is possible, for example, to be empathetic and to (in some way) "understand" a client whose childhood is marked by the death of friends and a difficult journey from his homeland to an unknown one.

As one of the main contributions, we could declare that this article clarifies the concept of empathy as well as certain related aspects when it comes to professional practice. It also shows empathy as an essential in the building of a mutual relationship. Another good aspect of the article is that, in order to show the possible distance between the client and the social worker, the authors show cases of working with "forced immigrants" – "people who had to leave their home country because of circumstances of threat, including refugees, asylum seekers, and undocumented immigrants". Showing that, even in a situation where there is probably a "big distance" between the social worker and the client, it is possible to empathize, understand, and help.

Perhaps some of my disappointments with the article is that it could have included more direct statements from the participants as these social workers basically comprise the main source of information in this article (excluding the literature that they used). The fact that Eriksson and Englander spent so much of the article arguing different ways of understanding the concept of empathy I consider as maybe not as necessary. Another aspect I think could be changed is that, at first, the authors used information that is more connected with science and psychology than with social work. This last fact is even recalled at the end of the article where we read, "The use of expressions such as simulation and mirror neurons or trying to simulate the other's lived experience may

be counterproductive and instead distance us from what we really need to pay attention to, namely, what is expressed and what is unfolding right in front of us".

In conclusion, I think that these ideas and thoughts do show us the complexity of being empathetic as well as its importance when it comes to social work practice. This is crucial not only in face-to-face encounters, but also as researchers when it comes to investigations. Finally, as it is stated in the article, "Empathy is a significant ability in social work and used as a tool to show that you, the social worker, are present and devoted to understanding the other".

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Poole J.M., Jivraj T., Arslanian A., Bellows K., Chiasson S., Hakimy H., Pasini J., Reid J. (2012). *Sanism. 'Mental Health', and Social Work/Education: A Review and Call to Action*. "Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice", 1: 20–36.

Reviewed by: Karolina Golonka

Sanism is a form of oppression which can lead to negative stereotypes. It is rarely used in social work despite the fact that this profession focuses on fighting exclusion. However, sanism, just like racism, can result in discrimination. Such micro aggressions can be manifested in low expectations and views that diagnosed persons are incompetent and unpredictable. A group of researchers began to study the stigma of mental health specifically in social work. The authors mention the stigma description created by Erving Goffman – a highly discrediting feature; other researchers have pointed to label attribution, stereotyping, and disapproval. Pointed out, too, is internalized stigma which makes people afraid to seek help and support. The term public stigma – appearing when a large part of society agrees with certain stereotypes – is also mentioned in the text.

The next section deals with the issue of the relationship between mental health and social work. As mentioned above, the authors of the article at hand claim that sanism tends not to be raised in issues of social work. They note that social work even participates in the discourse which medicalizes psychological disorders and which means that mental health is not considered a discriminatory space. They recall the words of David Royse (2000) in which he states that students with mental disorders should not be allowed to complete social work studies. The authors state that, therefore, oppression around mental health can be present in social work discourse. They question the morality of the profession which, despite its assumptions, could participate in the maintenance of harmful stereotypes and in discrimination itself. The article here notices that this has been due to the inclusion of a medical conceptualization of madness in social work discourse. The authors therefore ask who was excluded, how this affected social work, and what can be done to better understand anti-sanism practices. To answer these questions, they review literature on mental health. However, they do not focus on the medical model, but on anti-oppressive practice (AOP), intersectionality, and the social model of disability.

Anti-oppressive practice is related to critical social work which concerns issues related to feminism, structures or anti-racism. AOP assumes that there are many forms of oppression that are the result of unequal authority relations and thus structural inequalities. Despite this, the authors think that social work can still contribute to the pathological perception of people with mental disorders. Poole et al. argue, for example, against a reluctance to include sanism in the scope of education. The authors believe that doctors, when diagnosing psychological problems and prescribing treatment, direct assessment towards pathology precisely because patients are observed when they are symptomatic. This article notes that social work also relates to diagnosis of "inappropriate behavior" and thus excludes patients from being experts about themselves. This situation creates

two sides in mental health: social workers as rational, decisive, and distanced versus the patient who is perceived as irrational and sick. Therefore, according to the authors of the text under review, specialists do not want to include people with mental problems in their group. At the end of the 1960s, sufferers of psychological disorders began to assemble to question the treatment, violation of their rights, and forced institutionalization. This led to the creation of various organizations, such as the Coalition Against Sanist Attitudes.

The creation of the term "sanism" is attributed to the lawyer, Morton Birnbaum, but its development is attributed to Michael Perlin. Sanism is a prejudice: it entails attitudes built on beliefs that cannot be justified by credible research and are based on intuition and anecdotes conveyed by the media. Moreover, widespread and dominant sanism leads to stigmatization. In this situation, two groups are formed: a 'power-up' group and a 'power-down' group. The former is considered "normal" and capable; the latter is seen as sick and disabled. This evokes a conviction that each place, profession or education that is below the norm for the 'power-up' group is good enough for the 'power-down' group. To identify and respond to sanism, we must focus on the oppressor and think about what damage has been done. The researchers behind this article agree that relying only on a medical model is exclusive to mentally ill people.

The next section of the text is a call to action for anti-sanism. The solution to this problem would be to include the discriminated group in social work research and education. The authors began their own investigation into sanism, also focusing on the breaking down of barriers between researchers and subjects. This community-based research program focuses on the community's strengths and resources, and assumes that team members are peers with similar experience. The research described herein began with a pilot study on the experiences of students with mental problems at a Canadian university. Its cornerstone was identifying what microaggressions constitute sanism.

The study revealed a lack of non-medical options for mental health breaks and institutional resistance to certain concessions such as extended task deadlines. Revealed, too, were concerns that a psychologically ill person might pose a threat to others. The research process and program of the article's authors aimed to change the discourse on mental health in social work from danger to discrimination. The authors attempted to show that people with psychological disorders can live with this challenge; circumstances can be improved by work, but must also be somewhat adapted.

The Ontario Human Rights Commission stated that mental health problems comprise an invisible disability that leads to deep stigma. They explain that stigma and discrimination are part of a larger belief system. The Canadian Supreme Court found that discrimination against persons with disabilities is unlawful. One example of such discrimination at the university, according to the authors of the text, could be compulsory student placements on certain days and at certain times of the week: this may interfere with the effects of specific medications. Another example is the awarding of scholarships solely to persons who attend fulltime classes. What is more, experiencing barriers in one area leads to others, creating "domino effects". The authors believe that

we should look into a system of beliefs in which critical voices are not drowned. They believe that social work must include sanism in its program and suggest the inclusion of anti-sanist language. The authors state that it is time to listen to persons with psychological disabilities and look at how social work views sanism.

Overall, however, I do not think this a good article. In my opinion, it has substantive shortcomings. Following subsections not only did not introduce new information, they tended to continually repeat the previous theses and statements. It seems to me that it would have been possible to develop certain threads and therefore enrich the knowledge that the article was to convey. Nevertheless, I did not know the term "sanism" before, so I appreciate learning something new from this article. I am further surprised that this term seems to be relatively lesser known in Poland. Furthermore, I do not think that social work actually discriminates people with psychological disorders. Perhaps the situation has changed and the article itself has become (thankfully) outdated. This might be all the more so as such disabilities are becoming more visible. It seems to me that, thanks to the development of the internet and social media, knowledge about mental disorders has spread and this is no longer a topic that stigmatizes persons with such disabilities.

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