

David Howe¹

University of East Anglia, Norwich, UK

EMPATHY, SOCIAL INTELLIGENCE AND RELATIONSHIP- -BASED SOCIAL WORK

Abstract

Empathy and social intelligence are key ingredients in promoting good quality relationships, both personally and professionally. The evolution of social intelligence and other ‘mind-reading’ skills account for much of the success of our species. They help foster understanding and co-operation. Children who are in relationship with empathic, emotionally intelligent parents and other family members also develop raised levels of empathy and emotional intelligence. Children who suffer abuse, neglect and rejection, whose parents possess low levels of empathy and social understanding, are less likely to develop healthy levels of social intelligence. This puts them at risk of experiencing stress in relationships. It also increases their chances of developing poor mental health, problematic social behaviour, and not dealing well with life stressors. High empathy and socially intelligent social workers are likely to establish good working relationships with their clients. A good working relationship, or therapeutic alliance, needs to be in place before the social worker can effectively deliver her service, provide support, advocate, give advice, administer treatment, or deliver an evidence-based practice.

Key words: empathy, relationship-based social work, emotional intelligence

Introduction

The medium in which social workers carry out their work is the relationship; the relationship between themselves and their clients. The quality of this professional relationship has a direct bearing on a number of outcomes. These include how the client views the worker, and how the client experiences the social work intervention. It also influences the effectiveness of the intervention. Indeed, a number of researchers have found that the quality of the professional relationship is as important as the method of intervention in determining the outcome (e.g. Castonguay, Beutler 2006).

The professional relationship is made up of a number of components. Warmth and friendliness, care and compassion are felt to be important by clients. These affect the client’s willingness to engage with the practitioner. Collaboration and a clear sense of

¹ Emeritus Professor of Social Work (Emerytowy profesor pracy socjalnej).

purpose, structure and direction are also recognised as helpful. And feeling understood by the worker is thought to be critical. The ability of the social worker to understand, or to indicate that they are trying to understand the client and his or her experience is achieved when the practitioner attempts to see the world from the client's point of view. Seeing the world from the other person's point of view increases when the individual possesses social intelligence. Similar, related psychological attributes cluster around the concept of social intelligence. These include empathy, emotional literacy, and the ability to mentalise (Fonagy et al. 2002; Howe 2008).

Whether we are talking about empathy or social intelligence, emotional literacy or mentalising, they all involve a complex set of reflexive psychological skills. The empathic, socially intelligent individual sees and senses how things might feel and look from the other person's point of view. The individual recognises that just as the other affects them, so they affect the other. And the way we are affected by the other influences what we think and feel, which in turn affects what we say and do. In other words, as an empathic, mentalising individual I am able to (i) recognise and monitor my own thoughts and feelings and how these affect what I say and do; (ii) recognise and understand that you have thoughts and feelings which affect what you say and do; (iii) and that as I am trying to make sense of what you feel, think, say and do, you are trying to make sense of what I am feeling, thinking, saying and doing. And so together we generate a dynamic dance of human interaction and psychological exchanges in which there is endless scope for understanding and misunderstanding, pain and pleasure, hope and despair, co-operation and conflict.

Highly empathic people and those with strong social intelligence generally enjoy more successful, less stressful relationships. They are interested in other people. They want to know what makes them tick. They try to see things from the other person's point of view – their history, their background, their worries, their hopes, their suspicions. And as they try to understand the other, they seek to *communicate that understanding*. The successful communication of what is recognised and understood is as important as the empathic understanding itself. Successful empathy, therefore, is an understanding of the other from the other's point of view *and* the communication of that understanding.

And this brings us to a key claim. One of the major reasons clients give for believing that they are being helped by their social worker is that they feel their social worker is trying to *understand* them – understand where they are coming from, where they are at, what life is like for them, why they feel the way they do, and why they do what they do. This does not mean that the social worker necessarily condones what the client says or does. It's just that he or she conveys that they are trying to 'get' the client's story and see things from their point of view, right or wrong.

Thus, not until the inner world of the other is grasped can it be communicated. Not until it is communicated can the client feel understood. Not until the client feels understood can they engage with the worker. Not until they engage can they relate in a therapeutically useful way. Not until they relate can they feel safe, safe enough to stop, think, reflect, process, plan, and move forward (Howe 2012, 2013).

Feeling understood by the other can represent a moment of relief, a time of connection. Empathy therefore represents a way of being with the client. Every nuance of the other's body language, tone of voice, and spoken word is observed and therefore felt. The empathic experience is visceral. The empathic, emotionally intelligent social worker senses that these resonating experiences are telling her important things about the other's thoughts, feelings, beliefs, anxieties and defences.

Two types of empathy

First, it is important to remember that empathy is not the same as sympathy. Empathy, along with social intelligence, is the capacity to recognise other minds and think about what might be going on in them. Empathy happens when we resonate with another person's feelings.

In contrast, sympathy is 'an emotional response stemming from another's emotional state or condition that is not identical to the other's emotion, but consists of feelings of sorrow or concern for another's welfare' (Eisenberg, Miller 1987: 92).

Empathy puts me in *your* emotional shoes. Sympathy simply tells you that I've walked there too. Sympathy is me-oriented; empathy is you-oriented.

For example, in response to the sadness of a ninety year old woman about to leave her house for the last time before she enters a residential home, a young care worker says 'I know how you feel Zofia, I do. I've been there. I felt really sad when I had to leave my nice little apartment overlooking the park. I get quite tearful thinking about it even now. You'll be all right when you get there, I'm sure.' The worker recognises Zofia's feelings of empty despair and sympathetically tries to offer reassurance. The gesture is well-meaning but doesn't quite manage to stay connected with Zofia and where she is at with *her* thoughts and feelings. The social worker is describing how she felt when she was in a similar situation. Empathy, in contrast, is communicated when the social worker tries to imagine how Zofia must be feeling, seeing her home for the last time, contemplating a new life in a different place, leaving behind so many memories.

Stepping back, and acknowledging these contrasting definitions, I think we're on safer ground when we stick to the etymological origins of the two words. To be sympathetic is to have feelings (Greek, *pathos*) that are the same as (*sym*) those of the other. To be empathic is to know, sense, or enter-into (*em*) the feelings (*pathos*) of the other even though those feelings are not one's own.

It is also possible to recognise two types of empathy: *emotional empathy* and *cognitive empathy* (Howe 2012, 2013).

First, there is the more *emotionally-based* kind of empathy in which we feel the other's feelings (of fear, excitement, interest). Emotional empathy promotes co-operation, altruism, group cohesion, safety, and less positively, crowd behaviour.

All group living species develop heightened sensitivity and awareness of the actions, responses and behaviours of others. A few higher order mammals take these group

living skills even further and develop some understanding of their conspecific's plans and intentions. But only in humans has this mutual perspective-taking reached such a complex and sophisticated level. Advanced empathy seems to be one of the things that marks out and defines our species' current success.

Affective or emotional empathy is what we most often think of when we talk of an empathic response. I feel your pain. I notice and sense your despair. But I am clear that it is you who is in pain and despair, not me, even though I am being *emotionally* affected by your distress. At its most visceral, empathy is felt in the body. We physically feel the other's happiness, sadness or fear and so know something of their world. Perhaps more than any other component of empathy, the fact that we all share the same biology and the same senses, means that we know at the physical level what it is to experience joy or jealousy, pain or pleasure. On first encounter, we appear to each other through our bodies, via our senses. There is something direct and powerful about recognising the other's feelings as physically felt. 'At its most basic,' says Mensch (2011: 21), 'empathy is bodily.'

Thus, when we see someone fall over and hurt themselves, we wince, we screw our faces to imitate the pain that we know the other is suffering. We reach out to help. Or, if we see someone walking high on a tightrope, we feel our own bodies becoming tense as we sense the danger and feel the other person's muscles flex as they try to balance on the thin rope. Our hands grip tighter. Our faces look up, both thrilled and anxious. This is affective or emotional empathy. It is immediate. It is direct. It connects us with the other at the very moment when they are feeling sad, angry, frightened, anxious, happy.

Cognitive empathy is more difficult; psychologically more demanding. It is based on seeing, imagining and actively thinking about the situation from the other person's point of view. It involves a more cognitively based, reflective process of trying to understand the other's state of mind. Some knowledge of the other's history, personality, circumstances and situation are necessary before we can set our minds to work imagining what it might be like to be them. It involves actively thinking about the other's perspective. It requires the capacity to recognise and understand the other person's feelings. You have to watch and listen, concentrate and attend if you want to be cognitively empathic. So, for example, you might wonder: What must it feel like being you, knowing that you were endlessly criticised and rejected as a child by your mother? How must you be feeling now that the authorities are saying your own parenting is not good enough? What are you thinking and feelings when teachers accuse you of being un-cooperative whenever they want to discuss your child's poor behaviour with you?

When our empathy is at its best, both affective and cognitive empathy are involved. I am able to understand *and* feel your world while, at the same time, maintaining a clear sense of my own and your mental experience. We therefore have to remember that empathy involves imagining another's psychological world whilst maintaining a clear differentiation of 'self' and 'other' (Coplan 2011: 5).

In summary, we might define empathy as (i) an affective reaction to the emotions of another; (ii) the cognitive act of adopting another's perspective; (iii) a cognitively-based effort to understand the other person and their world, and (iv) the communication of such an understanding (Davis 1994: 11; Howe 2013).

An evolutionary and developmental look at empathy and social intelligence

Speculation about why empathy and social intelligence seem to be so important in predicting therapeutic success is helped by taking a brief, albeit simplistic look at what evolutionary and developmental psychologists have to say about the subject.

From an evolutionary perspective, survival is the bottom line. Any characteristic or attribute that increases the chances of the individual surviving and reproducing is likely to be selected and maintained in the gene pool. For group living species, such as human beings, survival and success are usually enhanced by any behaviour that increases co-operation. Living in groups and being sociable generally increase your chances of staying alive. There is safety in numbers.

More *cognitively-based* kinds of empathy developed as individuals had to read, recognise and negotiate the behaviour and intentions of others, particularly in matters of food, sex and status. Here, empathy is seen as 'the cognitive awareness of another person's internal states, that is, his thoughts, feelings, perceptions and intentions' (Reik 1964; Hoffman 2000: 29).

Successful, co-operative group living is enhanced when individual group members are able to recognise, understand and take account of the behaviours, motives, intentions and feelings of other group members. Furthermore, given that there will be a range of skills and talents in any social group, the ability of the group to recognise, support and take advantage of these individual skills and talents requires high levels of co-operation and co-ordination. In our evolutionary past, it would have been important to recognise who was good at hunting, tracking, organising, leading, caring, negotiating, facilitating, soothing, planning, deciding, building, making, and cooking. The successful co-ordination and deployment of these many different skills increases the chances of both the group and individual surviving.

Being with people with whom we are familiar also allows us to relax and feel safe. We know them and they know us. Social interaction is much more predictable. It is less stressful. We can therefore drop our guard and switch off the stresses and strains of maintaining social vigilance. Life, for most people, is less demanding when we are amongst family and friends. And for all this to work, human beings had to be good mind-readers. Evolutionary pressures therefore favoured the development of social intelligence and mind-reading skills.

Developmental psychologists have examined how children develop empathy, social intelligence and mentalising skills. Children, of course, will need these skills if they are

to become socially competent members of society. The ability to relate, take turns, share, care and cooperate depends on the child's ability to recognise that other people have minds. It is important to know what might be going on in those minds in order to relate well and behave in ways that are socially acceptable and culturally appropriate. Indeed, much of our behaviour that is regarded as moral and pro-social (acting altruistically and selflessly on behalf of others) depends on our ability to be empathic, emotionally literate and socially intelligent. Our ability and willingness to care and show compassion, especially towards those who are weak, vulnerable and in need, is premised on the presence of empathy and good social understanding.

Over the first few years of life, children gradually develop a 'theory of mind' – their own mind and that of other people. The infant brain is programmed to make sense of experience. The more the child is on the receiving end of experiences that credit him or her with an independent mind, one that is full of thoughts and feelings, the more the child can make sense of their own emotional, social and cognitive make-up. They can also begin to make sense of the emotional, social and psychological make-up of other people. This ability to reflect on the psychological state of the self and others allows children to emotionally self-regulate. This is an important skill, one that helps children deal with their own as well as other people's emotional arousal, stress, behaviour and upset.

In short, children cannot become empathic, socially intelligent, mentalising beings unless they have been on the receiving end of such experiences. They must be in relationships with people (for example with parents, family, peers and teachers) who are themselves empathic and socially intelligent, interested in the thoughts and feelings of the growing child. The child's psychological, social and reflective self forms as the child interacts and relates with other self-reflecting, psychologically and socially complex selves.

Parental mind-mindedness also predicts the quality of empathy and prosocial behaviours that develop in young children. Parents who relate to their children as independent, intentional, self-reflecting mental beings help children achieve minds that are psychologically coherent, integrated and self-reflecting. To be talked to in psychological terms helps children become good psychologists, able to make sense of the world socially and interpersonally (Fonagy, Target 1997; Meins et al. 2002;). In order for children to develop empathy, they must first experience being on the receiving end of it.

This argument also helps explain why children who have not been in relationship with empathic and attuned parents fail to develop good levels of empathy, emotional intelligence and social understanding. Such deficits in the parent-child relationship, of course, are more likely to be found in children who suffer abuse, neglect and rejection. These children tend to be poor at social relationships. They are more at risk of mental health problems and dysfunctional behaviours. They don't deal well with stress. If these deficits continue into adult life, making sense of other people and regulating one's emotional responses to them remains difficult. This means that relationships are experienced as stressful and stress is not something with which low empathy people deal well. They are also less likely to cope well with the stresses of poverty, poor housing, and social disadvantage. Many clients therefore suffer a double blow. They experience

higher levels of material and social stress and they are less well equipped to deal with it, which simply compounds the stress.

The insights of the evolutionary and developmental psychologists also help us to make sense of why we find good quality, empathic relationships helpful, containing and therapeutic.

Empathy and the social work relationship

When emotions run high, cognition sinks low. Anxiety and anger, sadness and stress decrease our ability to think and reflect. When we are anxious we become more psychologically defensive. Raised defences keep other people at bay. We don't hear what they say. Resistance increases. Co-operation is absent. We cannot fully engage with another person until we feel safe. And not until we feel safe will we let down our psychological defences.

Like attuned, empathic parents with a distressed child, relationship-based social workers know they have to tune into the distressed, suspicious, resistant client before any meaningful work can take place. The socially, empathic worker needs the client to know that they are trying to see and understand things as the client sees and understands them. There is a shared struggle to make sense, to 'get it'. To feel recognised and understood by the social worker is an important first step in helping the client bring about changes in their life.

The simplest empathic responses generally take the form of 'You feel... because.' 'You feel guilty because you misled her about your gambling debts.' There is no evaluation. No moral judgement. Just a straightforward recognition of a feeling and the possible reasons for it. The empathic, attuned social worker might also say things like:

I can see you're tired... and maybe a little depressed? I know the baby's not sleeping at night. It can't be easy on your own. (The mother's boyfriend has recently left her).

I wonder if I'm right thinking that you are frightened what the doctor might say when you visit her at the hospital tomorrow?

Good heavens, Malina, you said you couldn't care less what your mother thinks, but you look very angry to me!

It is therefore important for the worker to establish a relationship with her client before the client can begin to recognise, explore and process his or her own feelings. It is difficult to think about and process feelings when feelings are running high. In relationship with an empathic worker, the client can begin to 'down-regulate' their raised emotions. Feeling recognised and understood by the other person helps people feel less threatened, safer, and more relaxed.

When we feel less anxious, we are more able think. When we drop our defences, our capacity to reflect and process thoughts increases. Whereas low empathy leads to

increased resistance, high empathy sees a decrease in resistance. There is a greater willing to engage and co-operate. Low anxiety and increased trust mean that clients can begin to think, plan, decide, and act more constructively and with less psychological distortion. When we feel understood, we feel safe. When we feel safe, we can begin to think about feelings. When we can think about feelings, we can begin to recognise, understand and regulate our emotions. And when we can regulate our emotions, our levels of stress drop, relationships improve and purposeful behaviour increases.

In effect, what we have argued is that if the psychological self forms in the context of close, empathic relationships with socially intelligent carers, then in order for the psychological self to *re-form* in ways that are healthy and emotionally literate, the self will need to get back into relationships with empathic, socially intelligent others including, in the case of clients, their social workers.

So it is then, that as our selves form in the world of others, it is to that world of others that we must return if we are to change. Our capacity to change when we meet an empathic other recognises that the 'social' comes before the 'individual', and meaning comes before being. The social formation of the self in childhood explains how we continue to be able to connect and communicate with others. It explains why we seek out empathically-based relationships at times of need, distress and dysregulation. And it explains why such relationships and what takes place in them continue to have the power to change us, ontologically, psychologically, emotionally, behaviourally, and neurologically. Making sense is a shared, dynamic, reflexive business. Relationships in which it feels safe to talk – to describe and narrate – hold the possibility of re-thinking, re-feeling, re-defining, and re-forming the self.

Empathy and structure

In practice, the research evidence tells us that the most effective interventions are those in which good relationships *and* evidence-based techniques are both present. A successful practitioner is one who is responsive *and* systematic in her dealings with clients. Techniques don't work so well if there is no therapeutic alliance between worker and client. Even the most 'systematic' and technical social work methods acknowledge the importance of the worker being attuned, warm and empathic.

Bowlby (1988) said that unless clients feel safe, secure and trusting in relationship with their practitioner, they find it difficult to put their minds to work. If clients remain anxious, then thinking about problems and how to resolve them isn't easy. Good workers therefore act as a 'safe haven' for clients. And the more confident clients feel that they are in a 'safe haven', the easier they find it to think about troublesome things and how they might be tackled. Reflection, exploration, play, curiosity, imagination, and the energy to problem solve are not possible when we feel anxious and unsafe. For clients, the recipe for therapeutic success is therefore: *feel secure then explore*.

But as well as clients valuing the experience of feeling understood, they also like to feel that they know where they are with the social worker. They like to know the purpose of the visit or interview. It helps to have the outline and purpose of each meeting spelt out. Practices that offer *clear structures* provide clients with a strong sense of place and direction. Clients appreciate plans which include 'end goals, specific tasks to reach the goal, suggestions for maintaining the change and relapse prevention strategies' (Miller, Rollnick 2002; Teater 2013: 452). Reviews and recaps of what has happened are then provided before the next stage is begun.

Spelling things out, confirming what is going to happen next, and why, reduce feelings of unpredictability and impotence. They make people feel less helpless and more involved. Being invited to take an active part in the content and direction of events increases control and lowers stress.

In other words, social workers who are clear, up-front and collaborative in their approach, help clients feel anchored. Social workers who practise in ways that are clearly structured and who understand the social work process, and who are prepared to involve clients in that process, give clients a reassuring sense of time, place and direction. It is when we don't know what's happening or why it's happening that we feel stressed and anxious. We all like to feel that we have some say and control over what happens to us. Social workers who give their practice structure and shape, and share this with their clients lower resistance and increase co-operation.

Thus, in order to be effective, social workers need to establish a good relationship (working alliance) before they can apply a specific method, carry out a technique, or deliver a service. The social work relationship is the bedrock on which successful, evidence-based practices are built. Without a good relationship, clients will not engage, and if they don't engage, techniques are liable to remain ineffective. Most successful social work methods - including task-centred approaches, brief solution-focused therapies, cognitive-behaviour therapy, strengths-based approaches, Motivational Interviewing – recognise the importance of establishing a good working relationship before introducing the method or technique. And because good working relationships require social workers to be emotionally attuned and socially intelligent, sound social work practice is based on the presence of both empathy *and* structure, compassion *and* technique (Howe 2014).

Caution and Conclusion

The development of social intelligence and the capacity to empathise has allowed our species to become highly successful at group living. Social intelligence promotes co-operation between people. It helps harness the collective talents of the many individuals who make up a group. Empathy strengthens social bonds. However, there is a potential down-side to empathy, one of which social workers must be aware.

We tend to be most caring and empathic with those with whom we are most alike. Empathy, particularly affective, emotional empathy tends to be easier between people of the same sex, age, class, ethnicity, race, ability, and religion.

Lack of understanding is often greatest between people who are significantly different from each other. Lack of understanding can increase feelings of 'us' and 'them'. It can create in-groups and out-groups. When there are feelings of 'us' and 'them', there is a tendency to stereotype, homogenise and de-humanise those in the 'out-group'. Stereotyping other people denies them their individuality. It can deprive them of their humanity. It creates prejudice. It promotes *antipathy*.

If these de-sensitising tendencies are to be avoided, the social worker has to work hard at consciously promoting their own as well as other people's *cognitive* empathy. The more unlike the client is to us in terms of gender or race, age or religion, the more the social worker has to try and see the world from the client's point of view. The social worker has to imagine what it must be like to be the client, to be in their shoes. Knowledge of the client's background, history, relationships and current circumstances should help the social worker to think about what it might be like to be the other person – now, in this situation, with these people, under these pressures.

Clients who might not have had much experience of being on the receiving end of an empathic relationship might find being empathic themselves difficult. They may not find it easy to see things from another person's point of view. This inability means that the 'give' and 'take' that normally facilitates a relationship tends to be missing. The failure to moderate, adjust and take into account the other person's perspective can lead to behaviours that are defensive. The individual might become hostile or withdrawn, anxious or suspicious. Although it can be difficult, the social worker might help a defensive client begin to see the world from the other person's perspective, to think about their state of mind. They might encourage their client to 'wonder why'. Why do you think your partner might get so angry when your baby cries? Why do you think your elderly father seems to have lost interest in everything?

Socially intelligent, relationship-minded parents tend to be very good at encouraging their children to take the other person's point of view. They say things like 'I wonder why your friend is looking so sad. Do you think it's because you won't let her ride your tricycle? Imagine how *you* would feel if she wouldn't let you ride *her* tricycle. You'd feel sad, wouldn't you?' If we are to help adults, as well as children, develop more attuned, co-ordinated and co-operative relationships, we must foster their social intelligence and empathic skills (for example, see the work of Mary Gordon 2009). Mentalization-Based Therapies are designed to improve the social understanding and mentalising skills of clients and patients so that they can recognise their own and other people's feelings, states of mind and intentions (Allen 2006). The idea of 'restorative justice' and 'truth and reconciliation' work is based on helping offenders, racists, and prejudiced people see and understand how their crimes have affected those who have been victims of their anti-social, often violent behaviour.

Social work techniques and evidence-based practices therefore work best when the practitioner has established a good relationship with the client, one based on empathy and social understanding.

Empathy is like a universal solvent. Any problem immersed in empathy become soluble. It is effective as a way of anticipating and resolving interpersonal problems, whether this is marital conflict, an international conflict, a problem at work, difficulties in a friendship, political deadlocks, a family dispute, or a problem with a neighbour (Baron-Cohen 2011: 127).

And how do we become more empathic, social intelligent, emotionally literate social workers? We read good quality literature – fiction, poetry, biographies, autobiographies – anything that gives us an insight into other people’s thought and feelings processes. We watch character-based, relationship-rich movies. We keep up-to-date with the latest ideas in psychology and sociology. We talk about and discuss cases with colleagues. We remain curious about other people – their behaviour, their lives, their relationships. We imagine. We show interest, not just in what other people say and do but what they think and feel about what we say and do. We reflect on our own thoughts, feelings and behaviour. We look. We listen. And we never stop wondering.

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