Editorial

When I was invited to prepare the introduction to this issue of JoSI, I was struck by the diversity of the papers to be included. After I had been reading for a while, I realized that these papers were all about empathy. They focused on vastly different types of social challenges, but they all posed an uncomfortable dilemma because they demonstrated the consequences of poor perspective-taking, a lack of compassion or an absence of altruism. They all showed how failure to respond can result in unnecessary and avoidable isolation, disability, inadequate treatment or even death. Further, these papers showed how solutions require empathically motivated actions, even if that action is attached to a cost or a loss in some other area. In simple terms, empathy might be defined as a cognitive, emotional and behavioural response to the negative (or positive) experience of another person or group of people. In reality, however, empathy is an extremely misused and misunderstood concept with multiple dimensions and complex relationships with pro-social behaviour and moral action (Decety & Cowell, 2014). The papers clearly demonstrate this complexity, but in each paper, there are good examples of three important constructs, namely understanding the experiences of others (i.e., perspective-taking), emotional connectedness (i.e., compassion) and motivation to act helpfully, sometimes at a cost to oneself or as a trade-off for other desired outcomes (i.e., altruism).

For instance, the paper by Wiltshire and Ehrlich focuses on the interpersonal level and describes the important role of conversation partners for people who have lost the ability to use language following traumatic brain injury. These researchers conducted a systematic review of the small amount of research focused on conversation partner interventions and confirmed the potentially important impact of training family, care-givers and service personnel in how to communicate effectively with someone who has a speech disability. We all take for granted our ability to communicate, but for those who are unable to do so, the world becomes an extremely restricted place. People who are unable to communicate are entirely dependent on the willingness of others to wait, to listen and to learn a new way of interacting. To do so, requires the ability to think about the needs of another person, compassion or the emotional desire to learn more about those needs and sufficient motivation to take a potentially helpful action (i.e., try a new way of communicating), even if that action may cost some time, hardship or money.

Kennedy and Kennedy focus on the interpersonal relationship in health services (i.e., between general practitioners and their clients), but they raise the way in which this interface is influenced by broader stereotypes. They describe how the quality of the interface declines as a result of class differences, particularly when stereotypes are fuelled by media and popular culture. Kennedy and Kennedy eloquently illustrate the damage that can be created by negative attitudes and complacency at the health service interface. They also comment on the fact that there is a prevailing stereotype of Australia as an egalitarian society filled with unique characters, which prevents moral outrage about labels, such as “Bogan”. These authors promote a broad approach to cultural competence – not just based on ethnicity, but focused on a respectful national discourse, understanding that acknowledgement of social class and compassion for those who are not as well resourced as others.

At the community level, Lush and Boddy describe the way in which family and neighbourhood supports have been eroded over time, leaving some parents with young children isolated and unable to address the stressors in their lives. They described the importance of the “village culture”, characterised by positive social networks, access to family-friendly parks, schools, public transport, shopping facilities and adequate support services. They identified a community in which the majority of parents and carers of young children felt supported and engaged. Yet, even in this strong community, at least 10 percent and up to 30 percent of parents and carers were isolated and under stress, and were unable to engage with the community or identify supports and financial assistance for their childcare practices. For the majority of parents, informal social networks were more frequently used than the formal services, demonstrating the importance of both empathic social networks, but also recognition of informal networks by formal service systems.

The most frightening example of empathic failure at the system level is described in Collinson’s paper. She demonstrates the value of providing housing to those who are most at need – so-called “illegal” residents who are homeless and have contracted tuberculosis (TB). This group of “non-citizens” is not eligible for housing in the United Kingdom (UK), yet stable housing is known to improve treatment compliance and outcomes, thereby preventing the spread of TB. The story of a 47 year old homeless Polish man who died from TB in Hackney is a powerful example of what seems like the heartless application of eligibility criteria. His death, like many others, could have been prevented if compassion and moral action were enacted within service systems. Indeed, the development of a more inclusive response proved to be cost effective as well as humanitarian.

A slightly less dramatic, but equally important, example of the need for empathy is illustrated by Watchorn and her colleagues in the area of architectural design. Although access to physical environments is a basic human right, this paper shows how the principles of universal design remain aspirational in Australia, rarely being implemented in practice. They note, much like Kennedy and Kennedy, how the dominant paradigm or stereotype can be a limiting factor. In this case, they posit that disability frameworks have ostracized people with any impairment, classifying them as “special cases” that require extraordinary responses. Although this may be true to some extent, it also gives permission for the design of cities and places to suit only the non-disabled majority. This lack of design empathy means that avoidable barriers must be confronted every day by people who have disability or even just a temporary incapacity.

In their paper on the replacement of trains with coaches in rural New South Wales (NSW), Gray and Crichton elevate the empathy debate to the level of policy. Access to transport is a well-established determinant of health and social wellbeing, but rarely are the nuances of this relationship explored. Gray and Crichton show how the current focus on replacing trains with coaches isolates many people with disabilities. Although policy-makers believed they were addressing the needs of their citizens, they failed to understand the importance of trains relative to coaches. Gray and Crichton also highlight the hidden and unexpected nature of the policy consequences for vulnerable people. Without empathic policy-making, these consequences may never become apparent as many vulnerable people simply withdraw and become isolated. To prevent this situation, policy-makers need to be able to think from the perspective of all commuters, including those faceless minorities about whom they may have no direct personal knowledge. They also need to deliberately seek out knowledge about those who are not overtly represented in the available data.

The most poignant example of all is contained in Clark's review of the book by Jenny Edkins on missing persons. She draws several examples from the book of empathic failure in response to mass tragedies, such as terrorism or armed conflict. In these events, bureaucratic and administrative responses to the overwhelming levels of death and destruction can easily override the personhood of the deceased and their families. At one point, she describes a government decision to move human remains to a rubbish tip on Staten Island, which became known as "Fresh Kills". Although the site was named in the 1940s, Clark rightly describes this choice of location as a stark example of administrative insensitivity.

So, if empathy can develop better personal relationships, better practices, better places and better policies, it would seem to be a commodity of great value that should be nurtured in society. The failures described in these papers demonstrate indifference or complacency. At best, they demonstrate tolerance, but what would happen if people acted from a basis of perspective-taking, compassion, and altruism instead? Would community members deliberately approach others who are isolated and socially unsupported? Would general practitioners (GPs) make positive assumptions about people from low socio-economic backgrounds and reach out to provide better services? Would designers ensure that new buildings suit all people, including those who do not currently use the space because it excludes them? Would eligibility criteria be reviewed to ensure no-one falls through the gaps? Would policy-makers think about the consequences of social change on all aspects of society and actively engage with those who are not currently using services to find out why?

These papers reveal some hints about the way forward? There are several themes that run through the papers that may require consideration in future. First, they all comment on using evidence more effectively to drive solutions. The notion of empathy has been studied since the early 1900s (Slaby, 2014), and yet this enormous body of evidence has been poorly applied in practice. In some fields of practice, we have reached sophisticated and mature models of empathy that account for the experiences of both parties in the interaction (Hem, Halvorsen, & Nortvedt, 2014), but these models are rarely used in practice. We have also developed advanced methods for engaging people and communities to promote greater understanding or compassion (Sarrami-Foroushani, Trevaglia, Debono, & Braithwaite, 2014), and yet these methods are often not implemented successfully. Finally, we are starting to amass a repository of economic analyses that demonstrate the cost-effectiveness and benefits of empathic service delivery models or practices (Coulmont, Roy, & Doumas, 2013; Lo sasso, Byro, Jason, Ferrari, & Olson, 2012) and question the value of purely utilitarian approaches to resource allocation (McMaster, 2013). If an empathic approach costs no more while producing better outcomes, then it is worthy of further investment, but instead, these programs are often disbanded and labeled as extravagant.

Second, all the papers in this edition commented on the role of prevailing paradigms or stereotypes as a force preventing change. These forces can include language and the assumption that it is the only way to interact, stereotypes based on race or socioeconomic status in society, assumptions about self-responsibility for one’s own health and illness, notions that our country is egalitarian despite evidence to the contrary, disability frameworks that categorise people and constrict their opportunities, design principles that discount the needs of some people, eligibility criteria that remain unchallenged and a dominant focus on concepts such as sustainability and economic value even when this is associated with human hardship.

Third, all the papers commented on the fact that change needs drivers, champions who advocate, role models who demonstrate good practice and leaders who inspire change. Through these people, social norms are slowly changed and practices become embedded into daily routines. It has now been widely recognised that most social programs require influential champions if they are to make an impact (Boyce, 2013). However, what is not so widely accepted is that researchers themselves can play an important role as agents of change (Massingham, 2013).

Of course, empathy is not a panacea. Indeed, recently, researchers have begun to outline the other side of empathy. Specifically, they have questioned whether or not empathy is a balanced approach and places too much emphasis on caring for others at the expense of caring for oneself (Burks & Kobus, 2012). Broader conceptualisations of care have emerged that emphasise the need for empathy for self and others (Hem et al., 2014) and caution us to protect against the damaging effects of moral distress, vicarious trauma and compassion fatigue. When emotions become intense, or we perceive a risk of intensity, it is not uncommon to either withdraw or deny the presence of the problem (Peate, 2014). This phenomenon may account for why we might see examples of detachment and failure to respond, even when the normative context is one of caring.

Another caution raised about empathy is that it may not necessarily lead to moral action (Decety & Cowell, 2014). Certainly, as observed by Watchorn and her colleagues in this issue, ignorance about the needs of others is likely to generate unhelpful behaviour. For example, they noted that designers would be “horrified to realise that their designs are stopping people”. But does empathy just require awareness in order to be realised? Would all people be horrified to realise the impact of their actions or inaction? Experience definitely helps us to develop empathy (and subsequently design more accessible buildings), but it may also contribute to the possibility of over-identification with someone else’s distress, lead people to engage in another’s life beyond the point of helpfulness. Indeed, some researchers have postulated the existence of “pathological altruism” (Oakley, Knafo, Madhaven & Wilson, 2012), a term used when helpful behaviours actually harm the recipients of care, even if inadvertently. This situation underpins the common proverb, “the road to hell is paved with good intentions”, but in reality, is much more complicated and contested (Fleischman, 2013).

According to Fleischman (2013), it is more likely that “unhelpful helpfulness” actually just reflects several self-serving biases, including a tendency to favour the needs of one’s kin and colleagues at the expense of faceless others (the empathy bias), enmeshed and controlling personal relationships (co-dependency) or personal motivations that are not based on the needs of the other and actually benefit the benefactor (see also tainted altruism – Newman & Cain, 2014). Fleischman’s argument reinvigorates the need for a closer look at empathy and the papers in this issue demonstrate the fact that we need to think about empathy at multiple levels, between individuals, within communities, in places and in policy-making. We need to create relationships, places, and processes that facilitate perspective-taking, compassion and altruism at the same time as enabling self-care and self-determination for all parties. Research is beginning to understand the evolutionary and neurological underpinnings of empathy, but how we might promote systemic empathy (i.e., empathy that runs through all levels of a system from interpersonal interactions to policy and societal norms). It seems to be an elusive goal in Australia at the moment, but each little piece of the puzzle adds hope.

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