



Radical Empathy

What Is Radical Empathy?

Radical empathy may also be referred to as ‘advanced empathy’, a term coined by Egan (2014, p. 176). Radical or advanced empathy may be used to refer to the following situations:

- Empathy with those who are experiencing psychosis or other states that mean they express thoughts that are disturbing to others, appear not to be grounded in shared reality, and/or have incongruous emotional expressions and verbal communications. Lakeman refers to these types of scenarios as ‘intrapsychic experience far removed from consensual reality or experience’.
- Empathy with people who have committed violent crimes. For example, Adshead (2021) describes the radical empathy she felt towards Peter Sutcliffe (the Yorkshire Ripper) and other residents of Broadmoor. In this work, she seeks to uncover difficult memories, feelings and experiences – so ‘helping them take agency for their violent behaviour’. She observes: ‘Carl Jung said it best when he proposed that “the reason for evil in the world is that people are unable to tell their stories”.’
- Empathy towards people who are chronically and/or severely depressed. In his book on phenomenological approaches to working with clients who are depressed, Ratcliffe (2015) asserts that radical empathy is key to therapists understanding the absence of hope and possibility that forms part of depression.

What all three of these examples have in common is that they describe empathy across a space in which the therapist and the client do not share realities and possibilities. Thus, radical empathy is referred to often in areas where bridging difference is a key priority.

How Can Radical Empathy Be Developed?

Different therapists may achieve radical empathy in different ways. For example, Adshead – writing about her work with violent criminals – describes her belief that radical empathy ‘requires a careful balance of compassion with detachment ... It is the job of the courts to judge them, not mine, but I cannot lose sight of their offence and its terrible consequences as we work’. She continues: ‘Contrary to ideas of “radical” meaning something revolutionary or urgent, the practice of radical empathy has come slowly for me, requiring years of discipline and application, and a team of supportive colleagues.’

As with all therapeutic approaches and techniques, there is no guarantee that radical empathy will succeed in helping the client, but – just as Carl Rogers believed that empathy was one of the six necessary and sufficient conditions for therapeutic personality change – so ‘if one can acknowledge the possibility of a bad – very bad – solution (e.g., suicide), then one may be able to find a better solution – whether pharmacological, cognitive behavioral or empathy-based’. In other words, being fully open to a client’s whole experience – even when it is outside the therapist’s experience and difficult for them to understand – is likely to be helpful.

Is Radical Empathy Really Different from Empathy?

It could be argued that radical empathy is ultimately no different from empathy. In a review of Ratcliffe’s book, Agosta writes:

To cut to the chase, I am so bold as to suggest that all empathy is radical empathy (in Ratcliffe’s sense). Contrary to Ratcliffe’s assertion, ordinary empathy does **not** require a space of shared possibilities. Shared possibilities are a “nice to have,” but often a high bar. Possibilities might be shared, but often they are not. Given the state of the world, such a space of shared possibilities is rarer than any of us might wish. I assert: All empathy is a risk undertaken to create a space of shared possibilities when there was no shared context.

Yet it has long been acknowledged that empathy – like all other counselling skills – may be practised at different levels. For example, students of counselling and psychotherapy on practitioner-level training courses will likely be familiar with the Truax and Carkhuff empathy scales, which seek to measure empathy on a numbered scale.

References

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