

REVIEW ARTICLE

A new paradigm: Edith Stein's empathy and expert knowledge in psychosomatic conditions

Simon Wharne*

New School of Psychotherapy and Counselling, Middlesex University, London, United Kingdom

Abstract

Researchers in the developing science of psychology initially adopted a naïve realist stance. In recent years, there has been a shift toward more nuanced positions, accompanied by new requirements in professional ethical codes. These developments have been influenced by social movements and associated changes in power dynamics within health, education, and social welfare. Changing views in the philosophies that underpin social science, along with the rise of social media, are also contributing factors. Psychological researchers have worked to understand the human condition by proposing and testing their models. However, new guidelines now require that they operate within the limits of their expertise. If they are to conduct research on a group of people who suffer from a specific health condition, they must include individuals affected by that condition as stakeholders. This represents a shift in which the expert's ability to know what is going on in the mind of another person is increasingly questioned. The phenomenon of psychosomatic illness has long prompted tensions in the relationship between expert professionals and those who are suffering. However, there is now a further undervaluing of expert knowledge, alongside the growing expectation that individuals' beliefs about their own suffering are just as valid as anyone else's. Researchers must adopt a more empathetic stance, such as the one described by Edith Stein. Practitioners will need support in responding to these evolving expectations. Some examples of successful adaptations to these changes include the concept of neurodiversity and the recovery philosophy.

***Corresponding author:**Simon Wharne
(simonwharne@live.co.uk)

Citation: Wharne S. A new paradigm: Edith Stein's empathy and expert knowledge in psychosomatic conditions. *J Clin Basic Psychosom.* 2026;4(1):18-29. doi: 10.36922/JCBP025150029

Received: April 09, 2025**Revised:** May 22, 2025**Accepted:** June 04, 2025**Published online:** June 26, 2025**Copyright:** © 2025 Author(s).

This is an Open-Access article distributed under the terms of the Creative Commons Attribution License, permitting distribution, and reproduction in any medium, provided the original work is properly cited.

Publisher's Note: AccScience Publishing remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Keywords: Psychosomatics; Research ethics; Knowledge construction; Empathy; Phenomenological theory; Edith Stein; Recovery model; Post-colonial studies

1. Introduction

Kuhn¹ observed a tendency for science to shift between paradigms. His critique included the observation that knowledge constructions do not adequately capture all the complexities of reality, leading to occasional shifts to new positions. These shifts can be understood as attempts to overcome the shortcomings of previous theoretical models. An awareness of such shortcomings is expressed when researchers articulate their ontological and epistemological positions.² Differences in how knowledge is gained are complex, and there has always been a mix of theoretical positions in psychology. However, the boundary of what is accepted as valid science has changed.³

The field of psychology emerged as an independent discipline in the 19th and early 20th centuries, and from the start, most psychological researchers would have adopted a naïve realist epistemological position.⁴ They would have believed that the measures they used were establishing universal truths about the human condition. Following the changes explored in this article, it is now likely that most psychological researchers adopt something akin to a critical realist position.² The possibility of truth is not denied; rather, there is a recognition that we cannot know reality directly in all its range and complexity. This shift, however, is not occurring in mainstream medical research, where knowledge construction has a more direct and verifiable connection with material biological reality.

Psychosomatic health problems have been characterized as “anything that cannot be explained by organic factors...”^{5(p377)} This means that when human suffering is not found to have a material biological cause, conflict is likely to arise between the expert practitioner and the patient. The expert cannot validate the patient’s suffering as a simple “biological reality,” and psychological understandings are brought into play. The body is understood to be a part of the material world and is thus subjected to cause-and-effect relationships, making it amenable to study within a relatively simple realist epistemological stance. The mind, by contrast, is thought of as separate, with a potential for autonomous action expressed in behaviors that are freely chosen.^{6,7} Psychosomatic problems, then, have an ambiguous quality, falling somewhere between the medical and moral spheres of understanding.⁸

If a condition is found to have an organic cause, treatment and management then become the responsibility of health professionals. However, when the cause is psychological, the person who is suffering retains much more responsibility. For example, psychosomatic conditions, such as tinnitus and chronic pain may be labeled as psychopathological, or not, in ways that are unhelpful to the person who is suffering.⁹ Similarly, understandings of the condition of chronic fatigue have shifted, introducing narratives that do not align well with lived experience.¹⁰ If chronic fatigue is validated as a medical condition, the person’s hope for recovery can be unhelpfully diminished. If it is not, the person may be seen as malingering, and there is then a risk that psychological understandings might lapse into moral judgments, especially if it is believed that the person is choosing to live in a manner that is damaging their health, or that they deny their potential for healthy living. The philosophies underpinning these distinctions are founded on a split between mind and body, yet this split does not exist in the ontological realm.⁸ We can therefore continue to entertain the possibility that there

is one reality across both medical and moral spheres, and that truths can be established by examining that reality, truths that are apolitical and formulated independently of any moral judgment. This is achieved not by separating the psychology of the mind from the judgment of the social moral order, but by examining both as aspects of a connected lived experience.

For psychological research to retain its status as a science, practitioners must avoid moral judgments, and the guidance provided by regulatory bodies has changed to uphold that principle. In contemporary ethical guidance,^{11,12} researchers are now required to attend to the rights of their participants. These rights are recognized in relation to dignity and respect for difference. For example, the terms “gender identity” and “culture” were added to the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct,¹¹ along with a new principle, “D: Justice,” emphasizing the rights of all people. This is also reflected in the requirements of the university Human Research Ethics Board, in standards, such as: “Justice refers to fairness and equitable treatment. No specific populations should be burdened as specific recipients of the harms in research, or denied the benefits of research or research knowledge.”^{13(p2)}

The BPS Code of Human Research Ethics Guidance also notes that changes are required: “It is now common practice to refer to a person who provides data for research as a “participant.” This recognizes their active role and replaces the term “subject,” which has been viewed as portraying people as passive rather than active agents.”^{12(p5)}

Requirements include the expectation that psychological researchers may need to consult “stakeholders” – that is, people who will be affected by the outcomes of their research.^{12,13} This is particularly important in nations where Indigenous populations have specific needs and rights, such as in New Zealand.¹⁴

Researchers are also expected to examine their own motivations and interests, identify any potential for bias, and use reflexivity to situate their research.¹⁵ This reflexivity is required because description and interpretation can be influenced by narrow cultural moral judgements.¹⁵ Ethical codes also require that practitioners work within the limits of their professional expertise.^{11,12} In this sense, it is understood that psychological researchers cannot know reality in all its complexities, and must consult with others where their own knowledge is lacking.

Researchers in psychology will be aware of a philosophical turn toward a constructivist position, in which knowledge is seen as local and contingent.¹⁶ This shift is also reflected in popular culture, where there is

increasing talk of a “post-truth world,” a world in which reality is seen as no more than what each person claims it to be.¹⁷ We are currently witnessing some unfortunate outcomes of this shift, for example, in the dismissal of evidence for the safety and effectiveness of vaccines.¹⁸ These cultural changes, in which expert knowledge is devalued, are associated with a dramatic transformation in how people access information.¹⁷ Before the development of social media, academic understandings were primarily available through peer-reviewed papers in libraries. Psychological knowledge can now be accessed by anyone with a smartphone. It is concerning that individuals are using information from these sources to self-diagnose.^{19,20}

The status of expert knowledge is further challenged by variations in expressions of human distress across cultures, with psychosomatic phenomena subjected to these cultural differences.²¹⁻²⁴ These differences present a challenge to claims of universal psychological truths.²⁵ The view taken in this article is that cross-cultural awareness is valuable while recognizing that concerns about relativism are valid.²⁶

A slip into relativist thinking would be unhelpful, and psychological understandings are more than just a range of different opinions. It is argued here that there are aspects of the human condition that we all share. This has been referred to as a “universal culture” in the sense that there are many human experiences that everyone will live through.²⁷ Each person will find themselves placed within a particular intersectional locus, situated in varying cultural worlds. However, we can understand their specific way of being in relation to the shared “givens of human existence.”²⁸ The idea of a universal culture is useful because psychosomatic conditions can be approached and formulated within these shared understandings.

The human capacity for empathy is relevant here, especially where there is a need to understand what is happening in another person’s life and how they are responding. The word “empathy” entered the English language over a 100 years ago as a translation of the German psychological term “*Einfühlung*.”²⁹ Within this area of psychological understanding, empathy is considered possible even when there are differences in cultural background.^{27,30} It is possible that a form of understanding can be attained in which the perceived separation between mind and body is overcome. This article is supported by a review of literature that explores “empathy in research into psychosomatic conditions,” using a framework described by Stein.³¹

2. Materials and methods

A search was conducted through Google Scholar and the Open University database, using the terms: “Edith” + “Stein” + “empathy.” Over 2,000 documents were

identified and screened for those addressing psychosocial phenomena within the contexts in which they emerge. A total of 42 papers were reviewed. The material was found to be complex, suggesting a need to consider it within a broader horizon of changing philosophical positions.

3. Results

The following is an account of how understandings of psychosomatic phenomena are framed across the spheres of biological symptoms, psychological diagnoses, and identity.^{32,33} Rather than limiting our understanding to any one of these spheres, this account presents an approach in which the lived experience of psychosomatic conditions can be understood within a more comprehensive philosophical framework. This review begins by exploring the examples of gendered identity and neurodivergent conditions while introducing the concept of epistemic injustice. It then provides an account of a new paradigm in psychological research, including the example of recovery philosophy, in which new research frameworks are accommodated.

3.1. The example of gender identities

In terms of the distinction made between biology and psychology, the notion of gender provides a useful illustration. At a biological level, most people are embodied in a way that can be classified neatly as male or female. At a cultural level, however, there are numerous positions regarding how genders are constructed and performed.

In some cultures, it is only possible to be either female or male, and this requirement can be extremely problematic for individuals who struggle to conform psychologically to a limited, culturally defined gender identity. In such cases, “identity politics” becomes a source of conflict.³⁴ Psychological researchers are reminded by the ethical guidance of the APA¹¹ that individuals have a right to express their gender identities. This raises the question of whether researchers should include two or more gender identity options in their assessment forms. If they are employing empathy in their research, this becomes more than a technical question about categorization. Cross-cultural awareness and sensitivity are important.³⁵

Health problems and disabilities, such as gender, have a cultural aspect. They are performed and judged in terms of cultural expectations around what it means to be ill or disabled.²¹⁻²⁴ This is why psychological researchers are encouraged to situate their research within the context in which it is conducted and to examine their own motivations. Psychologists may be asked to judge whether someone is expressing their distress in a manner that aligns with a culturally specific definition of a psychosomatic

condition. This task can become entangled with moral judgments about whether a person's suffering is genuine, or who is responsible for addressing that suffering.

The use of empathy in exploring the research participant's lived experiences might enable psychological dispositions to be described in terms that are separate from culturally located identity politics. Unfortunately, it is uncertain whether this is possible.^{32,36} We cannot be sure that a person's psychological nature, or "self," exists independently of their cultural context. A psychosomatic condition will be experienced in a way that is specific to that context.³⁷ It has long been recognized that in some cultures, people are more likely to express psychological distress through physical symptoms,²³ because "idioms of distress" vary.³⁸ However, this does not mean that psychosomatic conditions are more prevalent in those cultures.²⁴

It may occur that practitioners, without reflection, promote the assumptions and values with which they were raised.³⁹ This means that when working across cultural divides, it is necessary for them to adopt a humble stance, one that involves questioning and suspending narrow views to access a broader horizon.⁴⁰ However, when making psychological formulations, there is no position outside of our varying cultural worldviews from which to establish a truly neutral or impartial stance.¹⁶

3.2. Epistemic injustice

Epistemic injustice occurs when members of a majority group adopt broad, stereotypical definitions of "otherness."⁴¹⁻⁴³ A member of a minority group then encounters barriers,⁴⁴ which are likely to be enforced through multiple microaggressions.⁴⁵ When these microaggressions constitute a systematic distortion or misrepresentation of a person's experiences, that person is excluded and silenced. Furthermore, when communications propagate oppressive social narratives, the potential contributions of minority members are denied, resulting in a gross undervaluing of their status and standing. Unwarranted distrust can develop in the absence of shared understanding.⁴² In some societies, minority groups have made progress in challenging this form of injustice. In response, psychological researchers have begun to adopt a more empathetic stance.⁴⁶

A shift in the exercise of power can be observed in economically successful nations. While professional expertise was once highly valued, certain social changes have led to a devaluing of scientific knowledge.¹⁷ In these nations, people increasingly claim the right to express their own views. Many now speak of "my truth," with the expectation that their worldview be respected as just

as valid as anyone else's.¹⁷ A common slogan from the disability rights movement is particularly informative; "Nothing about me without me." This expresses a demand to be involved, to be consulted on how one is understood and how one's needs are to be addressed. However, the experience of "minority stress" persists,^{47,48} whereby individuals must remain constantly vigilant in anticipation of potential stigma and discrimination.

With awareness of problems, such as epistemological injustice⁴¹ and minority stress,^{47,48} psychological researchers are turning more often to empathy-based approaches in phenomenological methodologies. Rather than proposing and testing models constructed solely from their own theoretical understandings, they gather lived experiences through dialogue with people who are suffering. Researchers do not presume to have direct access to the nature of a psychosomatic condition. Instead, they invite those who suffer from such conditions to explore and explain their own experiences.

3.3. The example of neurodivergent conditions

The concept of neurodivergent conditions is often traced to the work of Singer.⁴⁹ It is noteworthy, however, that the term and related theories have multiple origins before Singer's thesis; these origins can be found in debates involving individuals who themselves have been diagnosed with neurodivergent conditions.⁵⁰ In our understanding of these conditions, it is not believed that psychological problems cause bodily symptoms. However, it is known that stress can be an exacerbating factor.⁵¹ These conditions also meet the definition of psychosomatic to some extent, as they are diagnosed through psychological rather than medical assessment. In addition, post-traumatic stress disorder has been conceptualized by a minority of theorists as an acquired neurodivergent condition, in which bodily symptoms are believed to have a psychological cause.⁵¹ It is rarely possible to identify neurodivergent conditions through observable organic causes, although some forms of acquired neurodiversity are exceptions to that rule.

There are conflicting accounts in the existing theoretical taxonomies, with disagreements over which conditions fall within the neurodivergent category.⁵² It is also uncertain whether these conditions are neatly divided, fall within clusters, or are spread across spectrums.⁵² Where theorists fail to bring certainty, individuals who believe they suffer from these conditions are coming together to develop shared understandings of their own.^{51,53} This has led to claims that psychological experts are not qualified to diagnose such conditions because they lack lived experience, raising questions about their capacity for empathetic understanding.⁵⁴⁻⁵⁶ Some theorists have

described fetal alcohol spectrum disorder as a neurodiverse condition, but this diagnosis is expert-based, imposed, and potentially discriminatory.⁵⁷ However, the scientific focus is shifting away from the expert deciding “what is wrong with the person,” toward questions of how those who are struggling can understand themselves, and how they can be supported in leading meaningful lives.⁴⁴

Neurodivergent conditions are also experienced differently across cultures. For example, Atherton *et al.*⁵⁸ drew contrasts between Japanese and Western societies, showing that a neurodivergent condition may be more commonly identified in certain cultural contexts.⁵⁸ Moreover, the ways in which identities are shaped once the condition is identified differ significantly. In Western societies, receiving a diagnosis can be beneficial because it provides access to additional educational resources. In addition, identity politics have evolved to reduce the stigma associated with neurodiverse conditions, an evolution that has not progressed as far in Japan.⁵⁸ In one setting, a person may feel distressed upon receiving a diagnosis and resist the label due to negative social consequences, while in another setting, a person may be distressed if they are denied the diagnosis they are seeking.⁵⁸

Overall, when psychological researchers investigate psychosomatic conditions with attention to lived experience, they are increasingly recognizing cultural differences. Within this complexity, it is acknowledged that theorists are struggling to define what it means to have a self that is fixed, fixed in the sense of existing separately from any specific cultural context, and unrelated to locally constructed social identities.³⁶ It is also recognized that psychosomatic conditions are difficult to describe, understand, or manage independently of those cultural contexts and social identities.³⁷ Following these conceptual shifts, any psychologist who claims certainty about the nature of another person’s self or psychological state is cast into sharp relief. Most practitioners now adopt a more empathetic approach, exploring what is happening, rather than making pre-mature judgments.

From the perspective of culturally sensitive and inclusive research approaches, narrow cultural interpretations are increasingly questioned within a new paradigm.^{22,23} Yet, broadly speaking, there remain areas of psychological research where practitioners continue to hold fixed certainties, for example, in educational and disability assessments and forensic settings. Conceptual changes, emerging philosophical positions, and evolving ethical standards present challenges for practitioners who are reluctant to move beyond those certainties. A brief sketch of a developing paradigm in psychological research is outlined below. This is followed by a discussion of how we

might begin to establish what is happening psychologically for another person—understandings that can, in turn, help those who are struggling with the implications of this paradigm shift.

4. A new paradigm

Shifts are observed in the philosophies that underpin psychological understandings of human distress.^{59,60} With a more rigorous epistemological stance, researchers have explored the contexts within which psychological distress is likely to emerge. Psychological distress is experienced more often by people living in challenging circumstances. These are contexts in which they encounter abuse, discrimination, and exclusion.^{39,59,60} It then becomes difficult to confine theoretical understandings strictly within the sphere of psychology. These debates have coincided with social movements in which people have campaigned for inclusion, safety, and improved quality of life.⁴⁶ Stress is identified as a contributing factor in the development of many psychosomatic conditions, particularly post-traumatic stress disorder, which can result from interpersonal abuse and conflict.⁵¹

It has been found that within the profession of psychology, there is a history of discrimination, and members of minority groups have often been excluded or marginalized.⁶¹ In the past, psychological researchers were, as a group, almost exclusively white, male, heterosexual, and drawn from economically advantaged classes.³⁹ Elements of psychological research are rooted in societies where imperial ambitions were fostered.³⁹ As a result, psychological theorists have contributed to processes of “othering,” pathologizing difference. In positioning others as “psychologically flawed,” theorists have targeted groups differing in gender, sexuality, ethnicity, neurotype, religion, culture, embodiment, age, and other dimensions. Psychological theorists have promoted narrow definitions of what is considered “normal” in human behavior,^{25,39,62} thereby justifying exclusions, enforcing assimilation, and policing behaviours.⁶³

For decades, minority groups have engaged in numerous campaigns and have pushed through important changes. Some barriers to inclusion have been dismantled, particularly where psychological modeling and professional practice were previously part of the problem. One outcome is that, in many societies, the gender balance within the psychological professions has shifted from predominantly male to predominantly female.⁶⁴ However, men still make up the majority in higher-paid roles at the top of the profession. It also remains the case that only those from privileged backgrounds can typically afford to pay for the required professional training.

A move toward inclusivity in psychological research comes with a broadening of its theoretical basis. An adaptive example of this move can be found in recovery philosophy.⁶⁵ While the theoretical position of most mental health professionals had previously aligned with the medical model, there has been a shift toward an approach more akin to an understanding of disability. Recovery philosophy suggests that symptom reduction should not be the priority.⁶⁵ It is more important to help a person adapt and recover a meaningful life.⁴⁴ This, again, is a way of working that aligns with social change movements and requires an empathetic stance toward suffering. When knowledge is constructed within this philosophy, it is lived experience that is valued, and peer workers who are “experts by experience” are often employed.⁶⁵

The shift explored in recovery philosophy moves away from the question of “what is wrong with a person,” toward an understanding of why people may experience difficulties in living. Across the world, sustainable farming and hunting practices have been marginalized and undermined, as resources are stripped to support industrialized urban living.⁶⁶ This is not to romanticize lives that were often challenging and short. These economic developments are relevant to psychological well-being, as millions have migrated because living sustainably was no longer possible. In many societies, they form an underclass, experiencing poor living conditions and providing cheap labor. Across experiences of cross-generational trauma, people have been stripped of their cultural heritage, languages, and community identities. Even without these challenges, stress is commonly experienced simply in moving between cultures.⁶⁷

Industrialization and globalized trade are clearly bringing many benefits, but they are also a cause of suffering. This suffering can be interpreted as a rise in mental health problems, as reported by the World Health Organization.⁶⁸ In recovery philosophy, however, good mental health is understood to depend on having one’s needs met through a sustainable form of purposeful living within a supportive community setting.⁶⁵ This philosophy accommodates a broader and more compassionate understanding of human suffering.

It is useful to note that when people engage in identity politics in relation to migrant populations, the outcomes can be dramatic and distressing. A person’s status may be politically disputed, with competing definitions, such as tourist, economic migrant, illegal alien, or even spy. The important point to capture here is that these identities are not psychological in nature. It is a person’s geographical location that enables the imposition of such identities. A person’s psychological disposition does not change

simply because they have crossed a line on a map. However, the meanings imposed through identity politics can have a profoundly negative impact on a person’s psychological well-being.

The relevance of recovery work can be supported by emerging empathetic theoretical thinking, particularly within a philosophy known as post-colonial theory.³⁹ This academic discipline explores the consequences of practices, such as violence, exploitation, enslavement, and forced transportation – practices through which suffering has been imposed on populations globally. Mental health problems, when viewed through this lens, can be understood as natural responses to the circumstances in which people find themselves. As awareness grows, it becomes possible to formulate human distress in a more productive and empathetic manner.

5. Discussion

In their psychological assessments, practitioners have often measured the person as if they possessed only the dimensions of a static and passive object.¹² A battery of tests and questionnaires would typically be used, and these would have been tested for validity, a process in which diversity and cultural differences are often treated as problematic. However, we now know that when psychologists apply these procedures, a wide range of variations in the human condition is revealed. For example, psychological screening tools identify various character traits, neurodivergent conditions, mental health problems, and different levels of cognitive functioning. Yet, as psychologists move from treating people as subjects toward engaging them as participants, further dimensions of human existence are uncovered.

When psychologists engage empathetically with participants, they begin to reveal the dimension of human agency. The person is then understood as an actor situated within a social and moral context.^{6,37} It becomes evident that individuals face dilemmas regarding how they will be perceived within the identity politics of their cultural settings. There is also the temporal dimension, in which a person attempts to learn from their past, make better choices, and navigate their way toward a preferred future. Their way of being can thus be approached not as a pre-given psychological disposition, but as an adaptive response to their circumstances in the world.

With the conceptual shifts occurring in psychological research, there are increasing calls for humility and the adoption of empathetic approaches.^{21,22,69} Empathy is a term often used loosely and commonly associated with feeling something in relation to another person. However, in its original context, the term derives from a

tradition of phenomenological research – an approach that explores the nature of what is given through experience. In phenomenological theory, empathy is the process by which we encounter entities and beings in our world.⁷⁰ Stein's³¹ account of those processes has inspired a renewed scholarly interest.⁷¹⁻⁷⁵

In Stein's original formulation of empathy,³¹ she distinguished between the primordial present, in which we are directly aware of our circumstances with some degree of certainty, and the non-primordial realms of the past and the future. We extend ourselves into these two non-primordial realms through memory, imagination, and anticipation. Under the guidance of Edmund Husserl, Stein developed an understanding of empathy as a process of taking sensory information and filling it out into the experience of a phenomenon. We do not simply receive a fragmented series of signals from our various senses; rather, the whole given quality of the phenomenon is present for us.

In phenomenological theory, it is observed that our consciousness is always directed toward something.⁷⁰ We have some control over this, and when things are going well, the difficulties we might encounter in the future can appear vague and diffuse. However, through an empathetic connection with our future self, our anticipations can bring a potential challenge into sharp focus. This is part of our temporality, the way we are always orientated to the unfolding of time, and through it, we extend ourselves into possible future selves. Existence then inevitably causes us to feel anxiety in the face of uncertain futures.

Stein³¹ explained that we extend ourselves in a similar way into the being of other people. She proposed different levels of empathy that we may or may not accomplish. For Stein, empathy begins with an emotional feeling, a feeling one's way into the state of being of another.³¹ However, she observed that this usually progresses into a turning toward what is happening for the other person. Our feelings are then just as much a response to an imagined sense of how it would be for us if those things were happening in our lives. For Stein, this is not a completely empathetic move. There is a further need to turn again, to truly face the other person, to see how they are experiencing their situation and how they are anticipating their future.⁷⁶

In its fullest sense, empathy for another person, as described by Stein,³¹ can only occur through a conversational encounter. Both parties must be willing to open themselves to the nature of the other's experiences. Encounters of this kind reveal both similarities and differences, in what each party experiences, in what has happened to them, and in the future events they anticipate. When we understand another person, we grasp the

difficulties and dilemmas they face. This applies equally to their experience of illness.⁷⁷ We may feel concern for them, but we also recognize that they are the ones who must take responsibility for navigating their way into the future. We may be able to help, but we cannot "fix" them or take their burden from them.

In an empathetic encounter, a psychological researcher is not reduced to an emotionless technician. Their intervention is more than simply following a pre-established procedure to define the state of a human subject. It is argued here that human experiences can only be understood by a fellow human who is willing to be present in all their own humanity. In this understanding, we do not begin as separate individuals. We are enmeshed in a shared embodied existence, an existence in which we trigger bodily responses in each other.⁷⁴ It is then necessary that a separation is accomplished, in a recognition that we are moving toward different potential futures, most often holding differing values and desires.

In an existential understanding of our temporality, we are not thought to be fixed in our nature. In a genuine encounter with another person, our empathetic connection can reveal new understandings. There is the possibility of reiterated empathy,^{31,71} in which we catch a glimpse of ourselves as seen by the other. Our views, the principles we live by, and our way of being can be transformed through an encounter with another person. In this understanding, we are always changing and becoming.

Phenomenological research remains a minority approach within the discipline of psychology, where quantitative methods still predominate. However, the existential realities addressed by these approaches are known at some level by all people. The understandings associated with existential philosophy are based on the givens of existence, givens that we all encounter across different cultural settings and in our varying embodiments.²⁹

With the shift in psychological research toward more inclusive approaches, it is important to consult with those who have psychosomatic conditions. In any research conducted into their way of being, it is increasingly required that people are supported as co-researchers. Empathy and mutual support play a role in this kind of research. It is a kind of research that asks about the nature of a person's existence. Questions are framed in terms of how they are navigating their cultural context, in the unfolding of time, while facing dilemmas and barriers: how identity politics are at play in their world, how they manage their encounters with others, and what meanings they assign to these experiences.

6. The difficulty of adapting to a new paradigm

Within this new way of conducting research, care is needed in psychometric testing. It is important to ensure that a diagnosis is helpful to the person who receives it. A diagnosis can be experienced as a political move that disenfranchises and oppresses them.^{7,78} For example, it is proposed within the modeling of psychometrics that some people are narcissistic and lack empathy for others. It is paradoxical if there is no attempt to use empathy in this form of psychological screening. The paradox lies in the observation that it is a narcissistic tendency to label other people as narcissistic. People who are not adequately trained in psychological assessment regularly diagnose each other as narcissists, a form of othering in identity politics, in their social media narratives.⁷⁹

In common understanding, narcissists are people who treat others as objects. They fail to engage empathetically with the experience of others. Instead, they use others to meet their own needs, while defining them within the limited frameworks of their own understandings.⁸⁰ It is important to recognize and avoid the paradoxes associated with these interpersonal rhetorical moves. In a more empathetic understanding, a person's need to feel in control could make sense if they live in chaotic circumstances where they lack power. A grasping hold of a sense of certainty and control would then be understandable.

We should, however, be concerned for colleagues who are unreflective, if they continue to take a naïve realist position with certainty, even as they might find themselves in the minority. It would be unhelpful to replicate patterns of epistemic injustice by defining these people with broad stereotypical understandings. It would be appropriate, within a new paradigm, to involve them and seek to understand what is happening. It seems likely that they are under pressure from employers and governmental institutions. In some work settings, narrow cultural beliefs about who is deserving of help and who is not may prevail. Psychologists can find themselves under pressure to make these moral judgments.

Taking an empathetic stance, we would observe that it must be challenging to find that the world is changing and that one's certainties are being questioned. However, it is important to remember how past certainties in psychological theories have caused much damage and human suffering.³⁹ From the perspective of a new paradigm, these certainties could be thought of as "delusions of colonialism." Those who continue to cling to them can find themselves positioned as oppressors.

From the outside, it might appear that people who maintain naïve realism in their psychological research are experiencing

a sense of entitlement. It might seem that they believe that they are the only ones qualified and experienced enough to make judgments about the state of being of others. However, if we slip into making those assumptions about them, we would then be joining them in the stance they have taken.

7. Conclusion

Key points to take from this exploration include the following: there are new expectations regarding how psychological knowledge is constructed. The stance of treating people as measurable objects is questioned. There is a greater awareness of cultural differences and identity politics in a person's experience of who they are. Psychologists are moving away from assessments that define and fix people within pre-established theoretical models. Instead, psychologists are open to treating people as participants in research, valuing their contributions, and paying attention to their lived experiences.

Empathy, as understood within the tradition of phenomenological theory and research, is increasingly recognized as an important aspect of psychological research.⁸¹ Stein's³¹ account of those processes has inspired a revival of interest.⁷¹⁻⁷⁵ There is an increasing awareness that if someone meets the criteria for a known psychological condition, this is partly an outcome of their circumstances and the cultural meanings of the life context in which they find themselves.²¹⁻²⁵ Rather than describing fixed psychological states, researchers are conceptualizing a person's way of being as an adaptive move; their best attempt at finding a way forward in life. Phenomenological approaches in psychological research can retain the rigor of a scientific framework and thereby overcome the mind/body split inherent in some cultural contexts. People vary in their biopsychological states, but these states manifest differently across cultures.⁵⁸ Some states might not appear as often in a specific culture, and cultures vary significantly in the attitudes expressed when they do.

8. Future research directions

This review is tentative, an attempt to capture the degree to which a new awareness of cultural differences is unfolding in psychosomatic health difficulties. It has attended to changes in ethical guidance and philosophical positions, along with the impact of associated social movements. Therefore, there are significant limitations to what can be claimed as established changes in practice. It is only possible to provide some examples of good practice. Further research is needed to explore the challenges psychologists face in complying with contemporary ethical standards and social change and to promote the use of phenomenological research where appropriate.

Acknowledgments

None.

Funding

None.

Conflict of interest

The author declares no conflicts of interest.

Author contributions

This is a single-authored article.

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Availability of data

Not applicable.

References

1. Kuhn TS. *The Structure of Scientific Revolutions*. Chicago: University of Chicago Press; 1962.
2. Bhaskar R. *Enlightened Common Sense: The Philosophy of Critical Realism*. England, UK: Routledge; 2016.
3. Klochko VY. *Modern Psychology: Systems Meaning of a Paradigm Shift. Psychology in Russia: State of the Art*. Vol. 1; 2008. p. 25-35. Available from: https://psychologyinrussia.com/volumes/pdf/2008/2_vitaliy_y_klochko_psychology_2008.pdf [Last accessed on 2025 Apr 05].
4. Benjafield JG. Major paradigms and approaches in psychology. In: Sternberg RJ, Pickren WE, editors. *The Cambridge Handbook of the Intellectual History of Psychology*. Cambridge: Cambridge Handbooks in Psychology; 2016. p. 4-28.
5. Ferrari S, Poloni N, Diefenbacher A, Barbosa A, Cosci F. From hysteria to somatic symptom disorders: Searching for a common psychopathological ground. *J Psychopathol*. 2015;21(4):372-379.
6. Camassa M, editor. Moral education: An alternative to the anti-empathic model. In: *On the Power and Limits of Empathy*. Cham: Springer Nature Switzerland; 2023. p. 179-210.
7. Guidi C, Traversa C. Empathy in patient care: From 'Clinical empathy' to 'empathic concern. *Med Health Care Philos*. 2021;24:573-585.
doi: 10.1007/s11019-021-10033-4
8. Heller M. Descartes on the body-mind split. *Body Mov Dance Psychother*. 2021;16(3):174-187.
doi: 10.1080/17432979.2020.1864777
9. Van Dijk N, Godschalx J, De Jongh W, Bollen J, Van Mook W. Categorization challenges in research on organ donation after euthanasia: Determining somatic or psychiatric origins of suffering. *J Clin Basic Psychosom*. 2024;2(3):3182.
doi: 10.36922/jcbp.3182
10. Bakken AK, Mengshoel AM, Synnes O, Strand EB. Acquiring a new understanding of illness and agency: A narrative study of recovering from chronic fatigue syndrome. *Int J Qual Stud Health Well-Being*. 2023;18(1):2223420.
doi: 10.1080/17482631.2023.2223420
11. APA. *Redline Comparison of APA Ethical Principles of Psychologists and Code of Conduct*; 2002. Available from: <https://www.apa.org/ethics/code/92-02codecompare.pdf> [Last accessed on 2025 Apr 05].
12. BPS. *BPS Code of Human Research Ethics Guidance*; 2021. p. 5. Available from: https://explore.bps.org.uk/binary/bpsworks/06096a55b82ca73a9787Zd2a43ad5b3f333a5278925cfd667b1b2e64b5387c91b92/inf180_2021.pdf [Last accessed on 2025 Apr 05].
13. University of the Fraser Valley. *Human Research Ethics*. Vol. 54. Canada: University of the Fraser Valley; 2024. p. 1-2.
14. Kāhui Matatika o te Motu. *Research in the New Zealand Context*. New Zealand: Minister of Health; 2024. Available from: https://neac.health.govt.nz/national-ethical-standards/part-one/research-in-the-new-zealand-context/#_ftn1 [Last accessed on 2025 Apr 19].
15. Finlay L, Gough B. *Reflexivity: A Practical Guide for Researchers in Health and Social Science*. United States: Blackwell; 2003.
16. Gergen KJ. *An Invitation to Social Construction*. 3rd ed. England: Sage; 2015.
17. Lewandowsky S, Ecker UKH, Cook J. Beyond misinformation: Understanding and coping with the "Post-Truth" Era. *J Appl Res Mem Cognit*. 2017;6(4):353-369.
doi: 10.1016/j.jarmac.2017.07.008
18. Geoghegan S, O'Callaghan KP, Offit PA. Vaccine safety: Myths and misinformation. *Front Microbiol*. 2020;11:372.
doi: 10.3389/fmicb.2020.00372
19. Corzine A, Roy A. Inside the black mirror: Current perspectives on the role of social media in mental illness self-diagnosis. *Discov Psychol*. 2024;4:40.
doi: 10.1007/s44202-024-00152-3
20. Yildirim S. The challenge of self-diagnosis on mental health through social media: A qualitative study. In: Battineni G, Mittal M, Chintalapudi N, editors. *Computational Methods in Psychiatry*. Germany: Springer; 2023. p. 197-214.

- doi: 10.1007/978-981-99-6637-0_10
21. Alegria M, Atkins M, Farmer E, Slaton E, Stelk W. One size does not fit all: Taking diversity, culture and context seriously. *Adm Pol Ment Health Ment Health Serv Res.* 2010;37(1-2):48-60.
doi: 10.1007/s10488-010-0283-2
 22. Andary L, Stolk Y, Klimidis S. *Assessing Mental Health Across Cultures.* Australia: Australian Academic Press; 2003.
 23. Chentsova-Dutton YE, Gold A, Gomes A, Ryder AG. Feelings in the body: Cultural variations in the somatic concomitants of affective experience. *Emotion.* 2020;20(8):1490-1494.
doi: 10.1037/emo0000683
 24. Escobar JE. Transcultural aspects of dissociative and somatoform disorders. *Psychiatr Clin North Am.* 1995;18(3):555-569.
doi: 10.1016/S0193-953X(18)30040-6
 25. Henrich J, Heine SJ, Norenzayan A. The weirdest people in the world? *Behav Brain Sci.* 2010;33(2-3):61-83, discussion 83-135.
doi: 10.1017/s0140525x0999152x
 26. Österman T. Cultural relativism and understanding difference. *Lang Commun.* 2021;80:124-135.
doi: 10.1016/j.langcom.2021.06.004
 27. Vontress CE, Epp LR. Existential cross-cultural counseling: The courage to be an existential counselor. In: Schneider KJ, Pierson JF, Bugental JF, editors. *The Handbook of Humanistic Psychology: Theory, Research, and Practice.* 2nd ed. United States: SAGE Publications Inc.; 2015. p. 473-490.
doi: 10.4135/9781483387864.n38
 28. Yalom ID. *Existential Psychotherapy.* New York: Basic Books; 1980.
 29. Lanzoni S. *Empathy: A History.* New Haven: Yale University Press; 2018.
 30. Vontress C.E. An existential approach to cross-cultural counseling. *Couns Values.* 1983;28(1):2-12.
doi: 10.1002/j.2161-007X.1983.tb01142.x
 31. Stein E, Stein W, Translator. *On the Problem of Empathy.* Washington, DC: ICS Publications; 1989.
 32. Tantam D. *Challenging Psychiatry's Reliance on the Disease Model: A New Take on Diagnosis, Pathology and Disablement.* United Kingdom: Taylor and Francis; 2024.
 33. Ten Have H, Pegoraro R. *Bioethics, Healthcare and the Soul.* England, UK: Routledge; 2021.
 34. Bernstein M. Identity politics. *Annu Rev Sociol.* 2005;31(1):47-74.
doi: 10.1146/annurev.soc.29.010202.100054
 35. Beaudry S, Duff E, Ziegler E. 2-spirit indigenous health care and cultural humility. *J Nurse Pract.* 2024;20(2):104892.
doi: 10.1016/j.nurpra.2023.104892
 36. Hoffman L, Stewart S, Warren D, Meek L. Towards a sustainable myth of self: An existential response to the postmodern condition. *Psychology.* 2009;49(2):135-173.
doi: 10.1177/0022167808324880
 37. Thompson-Assan S, Ally Y. Culturally informed coping strategies adopted in the treatment of posttraumatic stress disorder among amaXhosa in the Eastern Cape Province of South Africa. *J Clin Basic Psychosom.* 2024;2(2):2889.
doi: 10.36922/jcbp.2889
 38. Kaiser BN, Jo Weaver L. Culture-bound syndromes, idioms of distress, and cultural concepts of distress: New directions for an old concept in psychological anthropology. *Transcult Psychiatry.* 2019;56(4):589-598.
doi: 10.1177/1363461519862708
 39. Turner D. *Decolonising Counselling and Psychotherapy: Depoliticised Pathways Towards Intersectional Practice.* 1st ed. England, UK: Routledge; 2025.
doi: 10.4324/9781032614342
 40. Edge D, Lemetyinen H. Psychology across cultures: Challenges and opportunities. *Psychol Psychother.* 2019;92(2):261-276.
doi: 10.1111/papt.12229
 41. Fricker M. *Epistemic Injustice: Power and the Ethics of Knowing.* Oxford: Oxford University Press; 2007.
 42. Kidd IJ, José M, Gaile P Jr., editors. *The Routledge Handbook of Epistemic Injustice.* 1st ed. England, UK: Routledge; 2017.
doi: 10.4324/9781315212043
 43. Lee E, Greenblatt A, Hu R, Johnstone M, Kourgiantakis T. Microskills of broaching and bridging in cross-cultural psychotherapy: Locating therapy skills in the epistemic domain toward fostering epistemic justice. *Am J Orthopsychiatry.* 2022;92(3):310-321.
doi: 10.1037/ort0000610
 44. Chapman R, Carel H. Neurodiversity, epistemic injustice, and the good human life. *J Soc Philosophy.* 2022;53(4):614-663.
doi: 10.1111/josp.12456
 45. Capodilupo CM. Microaggressions in counseling and psychotherapy. In: Sue DW, Sue D, editors. *Counseling the Culturally Different: Theory and Practice.* John Wiley and Sons; 2016. p. 197-212.
 46. Cooper M. *Psychology at the Heart of Social Change: Developing a Progressive Vision for Society.* England: Policy Press; 2023.
doi: 10.1332/policypress/9781447361022.001.0001

47. Frost DM, Meyer IH. Minority stress theory: Application, critique, and continued relevance. *Curr Opin Psychol.* 2023;51:101579.
doi: 10.1016/j.copsyc.2023.101579
48. Meyer IH. Minority Stress and mental health in gay men. *J Health Soc Behav.* 1995;36(1):38-56.
doi: 10.2307/2137286
49. Singer J. *Neurodiversity: The Birth of an Idea.* Lexington: Judy Singer; 2017.
50. Botha M, Chapman R, Giwa Onaiwu M, Kapp SK, Stannard Ashley A, Walker N. The neurodiversity concept was developed collectively: An overdue correction on the origins of neurodiversity theory. *Autism.* 2024;28(6):1591-1594.
doi: 10.1177/13623613241237871
51. Berilsdotter Rosqvist H, Chown N, Stenning A. *Neurodiversity Studies: A New Paradigm.* England, UK: Routledge; 2020.
52. Thapar A, Cooper M, Rutter M. Neurodevelopmental disorders. *Lancet Psychiatry.* 2017;4(4):339-346.
doi: 10.1016/S2215-0366(16)30376-5
53. Davidson J. Autistic culture online: Virtual communication and cultural expression on the spectrum. *Soc Cult Geogr.* 2008;9(7):791-806.
doi: 10.1080/14649360802382586
54. Cheang RT, Skjevling M, Blakemore AI, Kumari V, Puzzo I. Do you feel me? Autism, empathic accuracy and the double empathy problem. *Autism.* 2024;13623613241252320.
doi: 10.1177/13623613241252320
55. Ekdahl D. The double empathy problem and the problem of empathy: Neurodiversifying phenomenology. *Disabil Soc.* 2023;39:2588-2618.
doi: 10.1080/09687599.2023.2220180
56. Milton DEM. On the ontological status of autism: The 'double empathy problem. *Disabil Soc.* 2012;27(6):883-887.
doi: 10.1080/09687599.2012.710008
57. Eliason SHY, Miller AR, Gibbard WB, Salh G, Lanphear N. Asking difficult questions about fetal alcohol spectrum disorder in the context of the child, the mother, and the systems in which they live. *Lancet Child Adolescent Health.* 2024;8(11):835-842.
doi: 10.1016/S2352-4642(24)00188-3
58. Atherton G, Morimoto Y, Nakashima S, Cross L. Does the study of culture enrich our understanding of autism? A cross-cultural exploration of life on the spectrum in Japan and the west. *J Cross Cult Psychol.* 2023;54(5):610-634.
doi: 10.1177/00220221231169945
59. Jones E, Wessely S. A paradigm shift in the conceptualization of psychological trauma in the 20th century. *J Anxiety Disord.* 2007;21(2):164-175.
doi: 10.1016/j.janxdis.2006.09.009
60. Sweeney A, Filson B, Kennedy A, Collinson L, Gillard S. A paradigm shift: Relationships in trauma-informed mental health services. *BJPsych Adv.* 2018;24(5):319-333.
doi: 10.1192/bja.2018.29
61. Abramson CI, Lack CW. *Psychology Gone Astray: A Selection of Racist and Sexist Literature from Early Psychological Research.* Seattle: Onus Books; 2020.
62. Barker MJ. How do therapists unwittingly reinforce normativity? In: Czyzelska JC, editor. *Queering Psychotherapy.* London: Karnac Books; 2022. p. 65-78.
63. Baughey-Gill S. When gay was not okay with the APA: A historical overview of homosexuality and its status as mental disorder. *Occam's Razor.* 2011;1(2):5-16.
64. Clay R. Women outnumber men in psychology, but not in the field's top echelons: A new APA report recommends ways to boost women's status and pay. *Monit Psychol.* 2017;48(7):18.
65. Leamy M, Bird V, Boutillier CL, Williams J, Slade M. Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. *Br J Psychiatry.* 2011;199(6):445-452.
doi: 10.1192/bjp.bp.110.083733
66. Duncan R. *Nature in Mind: Systems Thinking and Imagination in Ecopsychology and Nature-Based Practice.* England, UK: Routledge; 2018.
67. Meca A, Schwartz SJ. Cultural stress theory: An overview. *Cultur Divers Ethnic Minor Psychol.* 2024;30(4):603-612.
doi: 10.1037/cdp0000704
68. World Health Organization. *World Mental Health Report: Transforming Mental Health for All;* 2022. Available from <https://www.who.int/publications/i/item/9789240049338> [Last accessed on 2025 Mar 20].
69. Eichbaum Q, Barbeau-Meunier CA, White M, et al. Empathy across cultures - one size does not fit all: From the ego-logical to the eco-logical of relational empathy. *Adv Health Sci Educ Theory Pract.* 2023;28(2):643-657.
doi: 10.1007/s10459-022-10158-y
70. Husserl E. Carr D, Translator. *The Crisis of European Sciences and Transcendental Phenomenology: An Introduction to Phenomenological Philosophy.* United States: Northwestern University Press; 1989.
71. Fuchs T. Levels of empathy - Primary, extended, and reiterated empathy. In: Lux V, Weigel S, editors. *Empathy. Palgrave Studies in the Theory and History of Psychology.* United Kingdom: Palgrave Macmillan; 2017.
doi: 10.1057/978-1-137-51299-4_2

72. Gallagher S, Hutto DD. Understanding others through primary interaction and narrative practice. In: Zlatev J, Racine RP, Sinha C, Itkonen E, editors. *The Shared Mind Converging Evidence in Language and Communication Research*. Canada: Benjamins; 2008. p. 17-38.
73. Svenaeus F. Edith Stein's phenomenology of sensual and emotional empathy. *Phenomenol Cogn Sci*. 2018;17:741-760. doi: 10.1007/s11097-017-9544-9
74. Szanto T, Moran D. Introduction: Empathy and collective intentionality - the social philosophy of Edith Stein. *Hum Stud*. 2015;38:445-461. doi: 10.1007/s10746-015-9363-3
75. Vendrell Ferran Í. Empathy, emotional sharing and feelings in Stein's early work. *Hum Stud*. 2015;8:481-502. doi: 10.1007/s10746-015-9346-4
76. Bliss BR. Disentangling codependency from empathy: A steinian trinitarian account of the healing of personhood. *Lumen Vita*. 2022;12(2):14-27. doi: 10.6017/lv.v12i2.15315
77. Hepburn J. *How Does Attending to the Client's Bodied Experience of Their Illness in Talking Therapy Open a Gateway to Empathic Depth? A Hermeneutic Phenomenological Study* [Doctoral Dissertation, Auckland University of Technology]; 2022.
78. Cromby J, Diamond B, Kelly P, Moloney P, Priest P, Smail D. Questioning the science and politics of happiness. *Psychologist*. 2007;20(7):422-425.
79. Casale S, Banchi V. Narcissism and problematic social media use: A systematic literature review. *Addict Behav Rep*. 2020;1(11):100252. doi: 10.1016/j.abrep.2020.100252
80. Yakeley J. Current understanding of narcissism and narcissistic personality disorder. *BJPsych Adv*. 2018;24(5):305-315. doi: 10.1192/bja.2018.20
81. Wharne S. Empathy in phenomenological research: Employing Edith Stein's account of empathy as a practical and ethical guide, *Methods Psychol*. 2021;5:100053. doi: 10.1016/j.metip.2021.100053