

Empathy

Development, Training, and Consequences

**Arnold P. Goldstein and
Gerald Y. Michaels**



Empathy

Originally published in 1985, this book sought to thoroughly examine and better understand a dimension of interpersonal relations which at the time had often proven elusive, confusing, and quite difficult to operationalize. Empathy had been diversely defined, hard to measure, often resistant to change, yet emerged as a singularly important influence in human interaction. The Editors lengthy effort to better understand its nature, consequences and alteration was not an easy journey, yet was a rewarding one. This book presents the fruits of their journey, and thus they hoped the reader would feel equally rewarded.

The several diverse definitions of empathy are sequentially presented and examined in Chapter 1, in an effort to begin this book with a shared understanding of the major historical and contemporary meanings of the construct. The Editors conclude this initial chapter by subscribing themselves to a particular components definition of empathy, a definition they predict will prove particularly useful in enhancing future understanding, investigation, and application of empathic behavior. This components definition, therefore, substantially influences and shapes much of the content of the rest of the book.



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EMPATHY

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*To Lenore, who, far better than all the books and journals,
taught me the meaning of empathy.*

A.P.G.

To Carrie, whose love I treasure, and to our daughter, Claire.

G.Y.M.

EMPATHY

Development, Training, and Consequences

Arnold P. Goldstein
Gerald Y. Michaels
Syracuse University



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Preface

This book seeks to thoroughly examine and better understand a dimension of interpersonal relations which has often proven elusive, confusing, and quite difficult to operationalize. Empathy has been diversely defined, hard to measure, often resistant to change, yet emerges as a singularly important influence in human interaction. Our lengthy effort to better understand its nature, consequences and alteration has not been an easy journey, and yet has been a rewarding one. This book presents the fruits of that journey, and thus we hope the reader will feel equally rewarded.

The several diverse definitions of empathy are sequentially presented and examined in Chapter one, in an effort to begin this book with a shared understanding of the major historical and contemporary meanings of the construct. We conclude this initial chapter by subscribing ourselves to a particular components definition of empathy, a definition we predict will prove particularly useful in enhancing future understanding, investigation, and application of empathic behavior. This components definition, therefore, substantially influences and shapes much of the content of the rest of the book.

Chapter two thoroughly considers the development of empathy in childhood and adolescence, and does so by comprehensively examining the major relevant theories and their supporting research. The perceptual, affective reverberation and cognitive analysis stages of the empathic process are examined in depth in Chapters three and four, as both diverse and, we believe, novel applications of research domains not obviously relevant to empathy are brought to bear.

Why empathy is a construct of such great and enduring interest in psychology and kindred professions is perhaps made especially clear in the three chapters which then follow, each of which presents and integrates research on the conse-

quences of empathy. In psychotherapy (Chapter five), education (Chapter six) and parenting (Chapter seven), high levels of provider empathy are documented to generally have positive, growth-enhancing consequences. If this broad conclusion is correct, then the enhancement of empathy becomes a valuable social and interpersonal goal. Our final chapter, on empathy training, presents in concrete form the several means by which such empathy training might optimally proceed. Consistent with the view presented throughout this book, that empathy is most usefully understood as a four stage process, this final chapter highlights apparently effective training techniques for each of the separate stages—by this means thus proposing an inclusive training sequence for the reliable enhancement of empathy in human relations.

We indeed hope the reader finds, as we have, that empathy—its understanding and enhancement is an intriguing and valuable pursuit.

*Arnold P. Goldstein
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1

Historical and Contemporary Definitions

The term 'empathy' derives from the Greek word *empathia*, which implies an active appreciation of another person's feeling experience.

(Astin, 1967, p. 57)

Lipps [1907] believed that empathy was a form of inner imitation. An observer is stimulated by the sight of an object and responds by imitating the object. The process is automatic and swift, and soon the observer feels himself into the object, loses consciousness of himself, and experiences the object as if his own identity had disappeared and he had become the object himself.

(Katz, 1963, p. 85)

Empathy means . . . to glide with one's own feeling into the dynamic structure of an object . . . or even of an animal or a man, and as it were to trace it from within, understanding the formation and motoriality of the object with the perceptions of one's own muscles; it means to 'transpose' oneself over there and in there.

(Buber, 1948, p. 97)

Empathy can be described as a process of 'projection' or 'introjection'; both are metaphors referring to the experience of partial identity between the subject's mental processes and those of another with the resulting insight into the other's mental state and participation in his emotions.

(Koestler, 1949, p. 360)

Empathy will be used . . . to denote the imaginative transposing of oneself into the thinking, feeling and acting of another and so structuring the world as he does.

(Dymond, 1949, p. 127)

2 1. HISTORICAL AND CONTEMPORARY DEFINITIONS

Empathy is the capacity to take the role of the other and to adopt alternative perspectives vis a vis oneself.

(Mead, 1934, p. 27)

Empathy is the process by which a person momentarily pretends to himself that he is another person, projects himself into the perceptual field of the other person, imaginatively puts himself in the other person's place, in order that he may get an insight into the other person's probable behavior in a given situation.

(Coutu, 1951, p. 18)

Empathy ultimately is vicarious introspection—we introject the other person into ourselves and contemplate him inwardly.

(Katz, 1963, p. 93)

empathy . . . seems the essence of what client-centered therapists have referred to as adopting the patient's frame of reference, or what psychoanalysts have referred to as transient, controlled identifications.

(Bachrach, 1976, p. 35)

the ability to step into another person's shoes and to step back just as easily into one's own shoes again. It is not projection, which implies that the wearer's shoes pinch him and that he wishes someone else in them; it is not identification, which involves stepping into another person's shoes and then being unable or unwilling to get out of them; and it is not sympathy, in which a person stands in his own shoes while observing another person's behavior, and while reacting to him in terms of what he tells you about shoes—if they pinch, one communicates with him, if they are comfortable, one enjoys his comfort with him.

(Blackman, Smith, Brokman, & Stern, 1958, p. 550)

we list four phases in the empathic process, following Theodore Reik's outline . . .

(1) Identification. Partly through an instinctive, imitative activity and partly through a relaxation of our conscious controls, we allow ourselves to become absorbed in contemplating the other person and his experiences.

(2) Incorporation. By this term we mean the act of taking the experience of the other person into ourselves. It is hard to distinguish this phase from the initial act of feeling oneself into the other person . . . These are two sides of the same process. When we identify, we project our being into others; when we incorporate, we introject the other person into ourselves.

(3) Reverberation. What we have taken into ourselves now echoes upon some part of our own experience and awakens a new appreciation. . . We allow for an interplay between two sets of experiences, the internalized feelings of others and our own experience and fantasy.

(4) Detachment. In this phase of empathic understanding, we withdraw from our subjective involvement and use the methods of reason and scrutiny. We break our identification and deliberately move away to gain the social and psychic distance necessary for objective analysis.

(Katz, 1963, p. 41)

the measurement of affective sensitivity or what might be termed generically, empathy. Affective sensitivity is conceptualized as the ability to detect and describe the immediate affective state of another, or in terms of communication theory, the ability to receive and decode affective communications.

(Danish & Kagan, 1971, p. 51)

The way of being with another person which is termed empathic has several facets. It means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment to moment, to the changing felt meanings which flow in this other person . . . It involves communicating your sensing of his/her world as you look with fresh and unfrightened eyes.

(Rogers, 1975, p. 4)

Accurate empathy involves more than just the ability of the therapist to sense the client or patient's private world as if it were his own. It also involves more than just his ability to know what the patient means. Accurate empathy involves both the therapist's *sensitivity to current feelings* and his *verbal facility to communicate this understanding* in a language attuned to the client's current feelings. It is not necessary—indeed it would seem undesirable—for the therapist to *share* the client's feelings in any sense that would require him to feel the same emotions. It is instead an appreciation and sensitive awareness of those feelings.

(Truax & Carkhuff, 1967, p. 46)

The first phase of emphatic behavior begins as the worker perceives the various overt behaviors of the client, including his explicit verbal message and its paralinguistic qualities.

In the second phase of empathic behavior, the worker's perception elicits both cognitive and feeling responses in himself . . . In order to achieve high levels of empathy with the client, the worker must allow his initial feeling responses to remain as free as possible from cognitive distortion. Cognitive distortion includes stereotyping, making value judgments, or analyzing perceptions according to a fixed theoretical schema.

In the third phase of empathic behavior, the worker must consciously separate feelings held by himself alone from those sensed and shared with the client. The foregoing . . . empathic behaviors . . . all characterize the worker's receptivity to the client. But accurate reception must be complemented by accurate feedback.

(Keefe, 1976, pp. 11–12)

this model delineated the following empathizer behaviors as the components of empathy: (1) perception of verbal and nonverbal messages from the other person, (2) accurate understanding of the meanings of the other person's messages . . . , (3) experience of one's somatic responses to the messages of the other person while holding complex cognitive elaboration . . . in temporary abeyance, (4) separation of feelings shared with the other person from those held alone, and (5) accurate communication of reactive feelings back to the other person in harmonious understandable verbal and nonverbal messages.

(Keefe, 1979, pp. 30–31)

CONCEPTUAL DEFINITIONS

The concept of empathy has had a long, varied, and at times conflicting definitional history. This pattern has been true both within and between the diverse fields of inquiry in which empathy has been a significant construct, namely aesthetics, sociology, and psychology. We wish in the sections that follow to trace this definitional history and examine its flow and evolving meaning. As we do so, we seek to reduce the substantial levels of conceptual chaos inherent in this history and move toward that comprehensive definition that later chapters of this book—those examining the consequences of empathy in diverse contexts—begin to demonstrate to be a construct valid and heuristically optimal way of defining this elusive and often confusing concept.

In 1897, Lipps introduced the term *Einfühlung* in his writings about aesthetic perception and appreciation. *Einfühlung* meant “feeling oneself into,” in German, and was translated as *empathy* by Titchener in 1910. In examining and contemplating an object (of art, nature, etc.), Lipps believed one projected oneself into the object (e.g., “feeling together with”), established an identification between it and oneself, engaged in a process of inner imitation, and in this manner came more fully to understand and appreciate it. Some years later, Lipps (1926) extended this definitional position to include people and not only objects as the targets of empathic efforts. In doing so, he elaborated further the notion of motor mimicry as the central process constituting *Einfühlung*. The perceiver engages, he held, in imitating the target object or person by consciously or unconsciously assuming aspects of its posture and, in the case of target persons, taking on certain of his or her physical stances, gestures, or expressions. In this manner, Lipps posited, inner cues are created in the perceiver that lead to a heightened appreciation and understanding of the object/person and, in the case of target persons, a shared feeling experience. Thus, for Lipps, empathy proceeded by means of projection and imitation, could involve both objects or persons as targets, and consisted largely of heightened understanding of the other through cue-produced shared feelings. As noted earlier, much the same focus is explicitly expressed in definitions of empathy put forth somewhat later by Buber (1948) (“to glide with one’s own feeling into the dynamic structure of an object”) and Koestler (1949) (“the experience of partial identity”).

With the work of George Mead (1934), however, the definitional focus of empathy shifted in two important directions. A cognitive component in the form of “an ability to understand” was added to the earlier affective emphasis. And, furthermore, the blending or merging of identities notion yielded to a self-other differentiation in which the empathizer temporarily “took the role of the other” or “put themselves in the other’s place” as the heart of the empathic process. As Deutsch and Madle (1975) observe: “Empathy was no longer viewed as purely a perceptual awareness of an individual’s affect or sharing of feeling, but rather an ability to understand a person’s emotional reactions in consort with the context” (p. 270). The “imaginative transposing,” “momentary pretending,” “introjec-

tion of the other,” and “adopting the other’s frame of reference” described, respectively, in the Dymond (1949), Coutu (1951), Katz (1963), and Bachrach (1976) definitions of empathy provided earlier each fully reflect the role-taking or perspective-taking essence of Mead’s (1934) view of the meaning of empathy.

This temporary, momentary, as if, borrowing-in-order-to-understand quality remained a feature of the definition of empathy as its target more fully and explicitly became the ongoing emotional state of the other. In the Reik (see Katz, 1963) definition, for example, note how the Identification, Incorporation, and Reverberation stages of the empathic process combine to provide the empathizer with an extended opportunity to “try on” the target person’s ongoing emotional experience prior to the Detachment stage, in which the empathizer seeks to gain distance from the other in order to engage in more objective, cognitive analysis. Beyond this joint affective and cognitive focus, the several *affective sensitivity* definitions of empathy—presented earlier in this chapter—that have emerged more recently (Danish & Kagan, 1971; Rogers, 1975; Truax & Carkhuff, 1967) added yet a new component. The act of empathizing, according to each of these definitions, involved not only the ability to sensitively comprehend the other’s affective world, but also to accurately and sensitively communicate this understanding to the target other; that is, empathy for these persons involved “communicating your sensing” (Rogers, 1975), “detecting and describing” (Danish & Kagan, 1971), and “facility in communicating this [affective] understanding” (Truax & Carkhuff, 1967).

These affective-cognitive-communicative features of what we view as a comprehensive definition of empathy are reflected most fully in the phase definition of empathy offered by Keefe (1976, 1979) and depicted in Fig. 1.1.

Keefe (1976) suggests that the first phase of the empathic process begins as the worker perceives (c) the feeling state and thoughts of the other (a) by means of the overt behavioral cues displayed by the other (b). In the second phase, the worker’s perceptions generate both cognitive and affective responses in himself (d). Here, in a manner consistent with Reik’s notion of reverberation, the worker seeks to avoid stereotyping, value judgments, the formulation of hypotheses, or other forms of cognitive analysis. Instead, he or she seeks to hold such cognitive processes in abeyance while allowing and encouraging a largely unfettered, as-if, experiencing of the other’s affective world (e). In the next, detachment (Reik, 1949) and decoding (Danish & Kagan, 1971) phase, the worker seeks to distinguish among, sort out and label his or her own feelings and those he or she perceives as being experienced by the other person (f). Finally, as we noted is true for other, more recent definitions of empathy, in Keefe’s view the worker communicates accurate feedback to the target person as the final phase of the empathic sequence (g). Keefe (1976) summarizes this sequence:

The foregoing four empathic behaviors—perceiving accurately the client’s gestalt, allowing a direct feeling response to arise, holding qualifying or distorting cognitive processes in abeyance, and separating his own feelings from those shared

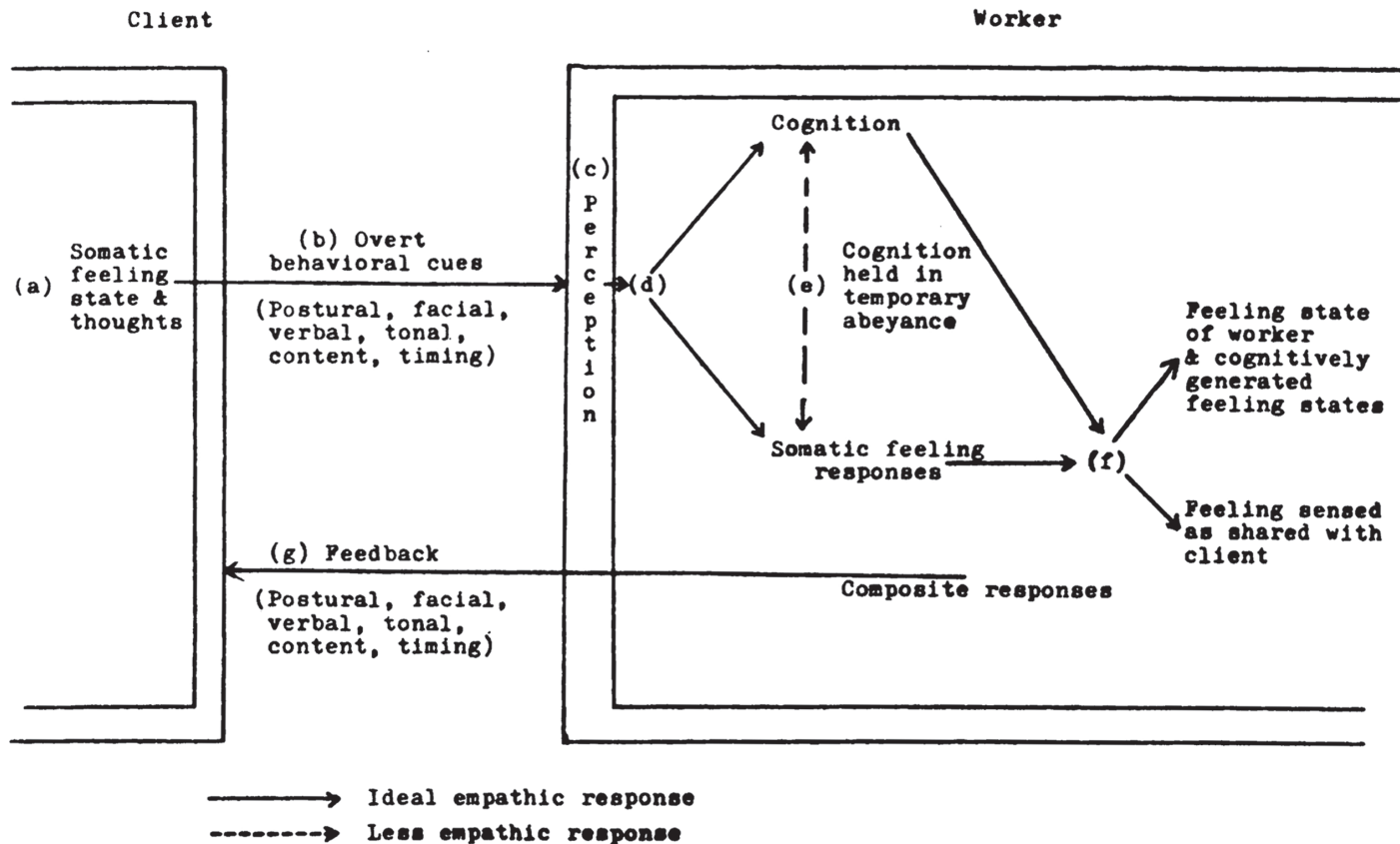


FIG. 1.1. Behaviors comprising empathic skill

with the client—all characterize the worker's receptivity to the client. But accurate reception must be complimented by accurate feedback. (pp. 12–13)

Macarov (1978) observes that empathy has three contemporaneous meanings. Consistent with Keefe and others, our more comprehensive affective-cognitive-communication stance is that empathy is optimally defined by *all three* of these meanings combined:

1. Taking the role of the other, viewing the world as he or she sees it, and experiencing his or her feelings.
2. Being adept at reading nonverbal communication and interpreting the feelings underlying it.
3. Giving off a feeling of caring, or sincerely trying to understand in a nonjudgmental or helping way. (p. 88)

RELATED CONSTRUCTS

Having now traced the definitional history of empathy and defined it in terms of what it is, our understanding of the meaning of empathy will be enhanced further if we differentiate it from what it is not, by examining a number of related constructs with which it often appears to overlap.

Sympathy

Differences between sympathy and empathy exist in terms of their respective contents, their constituent processes, and their interpersonal consequences. Sympathy, as Ehmann (1971) observes, contains major elements of condolence, pity, and/or agreement, none of which characterize empathy. With regard to constituent processes, Buchheimer's (1963) differentiation of sympathy from empathy re-emphasizes the temporary "merging into" stage of the empathic (but not sympathetic) process noted in several earlier definitions. He comments:

When we examine another term in the German language, *Mitgefühl* (sympathy) in relation to *Einfühlung*, we can see the implications of the [empathy] concept clearly. *Mit* in this context must be translated as 'along with' rather than 'together with.' A sympathetic person feels *along with* another person but not necessarily *into* a person . . . Empathic behavior implies a convergence . . . Sympathetic behavior implies a parallelism in the behavior of two individuals. (p. 63).

Katz (1963) makes much the same distinction. Empathy, he holds, focuses our attention on the feelings and context of the other person. Sympathy, in contrast, is a heightened attention to one's own feelings and the assumed similarity between such feelings and those of the person who is the stimulus for it.

He states (Katz, 1963): "When we empathize, we lose ourselves in the new identity we have temporarily assumed. When we sympathize, we remain more conscious of our separate identity" (p. 9). The manner in which the two processes may be distinguished in terms of locus of attention, as just noted, has immediate consequences for the information about the other person actually gathered by and available for use by the perceiver. In the case of empathy, the perceiver optimally is sensitive to the full range and depth of the other's affective state or situation and thus may proceed fully through the empathic subprocesses of affective reverberation, cognitive analysis, and accurate feedback. The sympathizer, in contrast, is more preoccupied with his or her own feelings in response to the other and thus is less able to respond to, for, or with the other in a manner sensitive to the other person's actual ongoing emotional world and its context.

Projection

The relationship of empathy and projection, at a conceptual level appears rather straightforward. As Dymond (1950) noted in her early and pioneering work on personality correlates of empathy:

Projection seems to be an antithetical process to empathy since projection involves the attribution of one's own wishes, attitudes and behavior to some thing, or some one other than the self. If projection is involved, therefore, the thoughts and feelings of the self are attributed to the other rather than [as in empathy] those of the other being experienced. (p. 344)

Although our own thinking is compatible with this early view of Dymond's, a view for which there even is some empirical support (e.g., Norman & Ainsworth, 1954), it becomes clear later in this book that as one moves from conceptual to operational efforts the relationship of empathy and projection is more complex indeed. We leave this further examination of their somewhat tangled meanings to this subsequent presentation.

Identification

According to the American Psychiatric Association (1957), identification has been defined as "a mental mechanism, operating unconsciously, by which an individual endeavors to pattern himself after another" (p. 19) and (by Symonds, 1946) as "the modeling of oneself in thought, feeling or action after another person." (p. 37). Dymond (1950) sought to distinguish this process from empathy by proposing that identification was a special instance of role taking, one that was more lasting, less frequent, and more emotional than empathy. Identification, but not empathy, she held, implied a desire to be like the other individual,

to form a strong emotional tie with the other. A similar differentiation between the two concepts based on intensity, depth, permanence, and similar qualities has also been made by Luchins (1957) and Rogers (1949). Further, Greenson (1960), writing from a psychoanalytic perspective, asserts that identification is an unconscious and permanent process whose goal is to overcome anxiety, whereas empathy is preconscious, temporary, and essentially an effort to understand.

Empathy, then, for us is a perceptual-affective-cognitive-communicative process, different in discernable ways from sympathy, projection, and identification. Its historical and current meanings may more fully be explicated by our attention to its operational measurement, to which we now turn.

OPERATIONAL DEFINITIONS

Attempts to adequately measure empathy have, even more than has been true for its conceptual definitions, revealed the wide diversity of meanings attributed to the term. All major modes of psychological measurement have been utilized—physiological (Gellen, 1970; Stotland, 1969; Vanderpool & Barratt, 1970), behavioral (Danish & Kagan, 1971; Guzzetta, 1974; Truax & Carkhuff, 1967), self-report (Barrett-Lennerd, 1962; Campbell, Kagan, & Krathwohl, 1971; Hogan, 1969), and projective (Bachrach, 1968; Dymond, 1950; Symonds & Dudek, 1956). These several measurement approaches may conveniently, following Deutsch and Madle (1975), be categorized as of two basic types, predictive and situational.

Prediction tests of empathy, introduced by Dymond in 1949 and actively elaborated by a number of investigators in the period that followed, sought to reflect perspective-taking conceptual definitions of empathy by means of a variety of self- and predictive-of-other ratings on several dimensions, the derived difference scores from which were held to represent empathy. In its earliest and simplest format (Dymond, 1949), ratings were obtained on dimensions such as friendliness, selfishness, humorlessness, shyness, leadership, and security such that: (1) A rates himself (A); (2) A rates B as he (A) sees B; (3) A rates B as he thinks B would rate himself; (4) A rates himself as he thinks B would rate him; (5) B rates himself (B). In this example, one index of A's level of empathy is calculated by determining how closely A's predictions of B's ratings correspond with B's actual ratings. As the development of the predictive measurement of empathy evolved into more complex formats, procedures were put forth to reduce or remove the possible influence upon ratings obtained of processes other than empathy, especially projection and stereotyping (Cottrell, 1950; Hastorf & Bender, 1952; Kerr & Speroff, 1954). In the mid-1950s, however, Cronbach (1955; Gage & Cronbach, 1955) published a methodological critique of this means of empathy measurement from which the approach never recovered. Though initially appealing and quick to gain popularity, the approach was con-

vincingly shown by Cronbach to suffer from telling artifactual contamination and has largely faded from the contemporary research scene.

Situational measures of empathy, more diverse in format and task demands than the predictive, are measures in which affect-laden situations (broadly defined) to which an empathic response would be an appropriate reaction are presented to subjects. Test stimuli used in this manner have included real-life situations (Goldstein, 1982; Stotland & Walsh, 1963) or live actors (Goldstein, 1982; Guzzetta, 1974; Perry, 1970); photographs and line drawings of situations, facial expressions or story sequences (Borke, 1971; Deutsch, 1975; Feshbach & Roe, 1968); audio recordings (Goldstein & Goodhart, 1973; Rothenberg, 1970); and videotaped interaction sequences (Danish & Kagan, 1971; Deutsch, 1974). In contrast to the prediction tests of empathy, which were largely cognitive perspective-taking measures, these several situational measures appear to draw more heavily upon both the affective sensitivity and cognitive analysis components of our earlier stated comprehensive conceptual definition of empathy. As Deutsch and Madle (1975) observe with regard to these approaches:

Typically, empathy is measured by having the subjects correctly label the contextual stimuli and/or affective response portrayed, or by responding with a statement of action appropriate to [the other] person's affective state, or with a statement reflecting how the subject felt when observing another's affect. (p. 273)

Literally several dozen different—especially situational—measures of empathy have been reported in the research literature. As noted earlier, their nature and diversity not only reflects the conceptual confusion of the concept itself but, in addition, a host of measurement problems. Does the generally low, often zero-order correlation among empathy measures primarily reflect the relationship of different components of a broader construct (Bachrach, 1968; Kurtz & Grummon, 1972), or are response set, test format, and other artifactual influences more responsible? And, if a components perspective is the more appropriate, what are they, how are they optimally weighted, combined, and measured? Is empathy most appropriately considered and measured as a trait likely to be reflected across stimulus situations for a given individual (Hastorf & Bender, 1952), or is situation specificity more likely the case, as Hornblow (1980) and Smither (1977) propose? Would adequacy of measurement be enhanced by pursuing operationally the conceptual suggestion that different *types* of empathy may exist, e.g., additive empathy (Means, 1973), emotional empathy (Mehrabian & Epstein, 1972), primordial empathy (Katz, 1963), genotypic and phenotypic empathy (Hogan, 1975), individual and mass empathy Reik (1949), cognitive, affective, and cognitive/affective empathy (Gladstein, 1977a), postural empathy (Allport, 1937), and what Schelar (1954) has described as compathy, mimpathy, unipathy, and transpathy? With sympathy, projection, and identification having been largely put to rest as possible contaminants, how can

empathy measures be refined in order to more adequately reduce the likelihood that still other sister variables, both different from but overlapping with empathy, are not being reflected, e.g., warmth (Rausch & Bordin, 1957), communicated commitment (Kiesler, Mathieu, & Klein, 1967), insight (Murphy, 1932), inference and intuition (Goodyear, 1979), similarity of background (Cowden, 1955; Helfand, 1955), and similarity of experience (Helfand, 1955). And the more traditional psychometric concerns of reliability and validity of the array of available empathy measures, as Deutsch and Madle (1975) cogently explore, are far from exemplary at their current levels. It is clear that many relevant questions remain to be answered before the measurement of empathy can be considered to be psychometrically sound and experimentally fully useful.

SUMMARY

We have sought in this chapter to set the stage for the remainder of this book by defining its central focus, empathy. A series of specific definitions opened the chapter, definitions presented in rough chronological order of what might be termed *conceptual development*. We then traced this development explicitly, moving in effect through the fields of aesthetics, sociology, and then psychology as we shifted from the early (but still useful) motor mimicry definitional perspective of Lipps, through the role-taking emphasis of Mead and others, on to the focus upon affective sensitivity of Rogers and his psychotherapist colleagues, ending with the perceptual-affective-cognitive-communicative definition comprehensively offered by Keefe and strongly subscribed to by us.

Our understanding of empathy, we held, could be deepened further, by separating it conceptually from concepts with which it has often been confused. We sought to do so with regard to sympathy, projection, and identification. Finally, we turned to operational definitions and provided an overview of existing measures and categories of measurement, as well as of the host of yet unanswered questions that must be resolved before the fully adequate measurement of empathy can be possible.

These chapter goals—defining empathy conceptually, separating it clearly from sister constructs, and examining means for refining its measurement—are returned to frequently in the chapters that lie ahead, as we present and evaluate research on the development, training, and consequences of empathy.

2

Development of Empathy

In this chapter we turn from the description of the fully formed adult empathic experience to trace the developmental roots of this multicomponent concept. The overriding theme of our discussion is the existence of individual diversity within the general developmental pattern of empathy growth. We describe both maturational and socialization influences on empathy that can lead to its systematic, stage-like development, and factors that lead to individual and group differences in children's empathic abilities. This kind of approach to studying individual differences within patterns of systematic developmental change is now finding favor in the child area as a whole (Belsky, Spanier, & Rovine, 1983).

Methodological considerations also figure prominently in our discussion. During the course of the approximately 15 years of intensive research into the development of children's empathy, developmental psychologists have addressed many of the conceptual and theoretical issues relevant to empathy outlined in Chapter 1. Theoretical models for children's empathy that contain constructs that could be operationalized and studied empirically have been put forth. The results of early studies are now in and are being used successfully for further theoretical and definitional refinement. Additionally, the focus on understanding how empathy develops across different ages compelled these developmental psychologists to search for a wide variety of behaviors and responses that could be considered indicative of empathy, but which all still fit their particular theoretical model. Finally, knowledge gained about the changing nature of the child's developing cognitive, affective, and communicative capabilities helped greatly in the search to understand qualitative differences in children's empathic experience and to develop indices that could address such differences.

We examine the development of empathy from the standpoint of the multi-component approach presented in Chapter 1, focusing first on the two major models of particular salience in developmental psychology research and theory. We then examine the development of the perceptual, affective, cognitive, and communication components individually. Particular attention is given to the affective and cognitive components, because the study of these has been the major focus of developmental researchers. Finally, we review research on the socialization of empathy, and particularly its development in the context of the parent-child relationship.

MULTIDIMENSIONAL VIEWS OF EMPATHIC DEVELOPMENT

After a good deal of controversy about how to define empathy and what processes were central to its operation (e.g., Borke, 1971, 1972; Chandler & Green-span, 1972), developmental researchers have largely moved to viewing empathy as a multidimensional process, with particular emphasis placed on its cognitive and affective components. There are currently two important multidimensional models of children's empathy, that of Martin Hoffman (1975, 1976, 1977a,b, 1980, 1982) and that of Norma Feshbach (1975, 1978, 1980, 1982a, b, c). These two models are described and then compared to the four-component model of empathy presented in Chapter 1 as a framework for integrating the diverse areas of theory, research, and intervention described in this book.

Hoffman's Model

Martin Hoffman's theoretical model of the development of altruistic motivation focuses on empathy as the major mediator of prosocial behavior and is a model that has proven to be an influential theory of empathy's development. Hoffman (1982) defines empathy as "a vicarious affective response . . . that is more appropriate to someone else's situation than to one's own situation" (p. 281). He stresses at the outset that there need not be an exact match between the observer's and the stimulus person's affect, a point of some contention in the field as a whole. We also see that, whereas cognitive processes play a vital role in defining a child's empathic experience at successive ages, the core of the empathy experience for Hoffman is an affective response, not a cognitive one. The focus of the model is on empathic distress, which Hoffman believes to be central to altruistic behavior. However, Hoffman (1982) does suggest that the model may also be pertinent to the development of empathy for other kinds of feelings.

An important and innovative aspect of the model is its description of the different modes of empathic arousal. Hoffman identifies six different modes

through which the vicarious emotional response is aroused. Their use by the child follows more or less a developmental progression, and they differ from one another in such areas as the degree to which the child's perceptual and cognitive processing are involved, the type of environmental stimuli that elicit the response, and the quality and quantity of past experience necessary for empathic arousal to take place.

The first mode is the "reactive newborn cry." Hoffman (1982) cites several studies showing that infants tend to cry when exposed to the sound of another person's cry, including research by Simner (1971) and Sagi and Hoffman (1976). Sagi and Hoffman's research with 1-day-olds not only confirmed the existence of this reactive cry but showed that, rather than being merely imitative vocal responses, these cries were vigorous and of an intensity that made them indistinguishable from the cries of infants who were actually in distress. Hoffman (1982) suggests that the occurrence of this reactive cry may be an innate response, involving a circular reaction whereby the infant, unable to tell the difference between his own and the other's cry, first responds to the stimulus cry as if it were his own and then continues to cry to the sound of what is now truly his own cry. Another possibility is that the stimulus cry may be associated with the infant's own actual past distress, leading to his own crying. Hoffman considers this reactive cry to be a very rudimentary precursor of empathy, because the infants in this study were in fact experiencing distress within themselves in the presence of distress cues from another person. Of course, at this early point in development the infant is not aware of what is happening and cannot differentiate his distress from the other's distress. Yet, this mode of empathic arousal may pave the way for the later development of the full empathic response, because the child comes to expect that he or she will experience distress when this is perceived in another.

The second mode through which the empathic response is evoked is classical conditioning. A precondition for the development of this mode is a rudimentary capacity for perceptual discrimination. Therefore, it is thought to emerge slightly later than the reactive cry. Classical conditioning of empathic distress occurs when the infant observes the distress of someone else and, at the same time, is also experiencing distress. The other's distress cues then become the conditioned stimulus that leads to feelings of distress in himself. To illustrate this, Hoffman (1982) gives the example of an anxious mother whose tension while holding her baby causes the child to become upset. Later, the mother's facial and verbal expressions, which had accompanied her anxiety state, may function as conditioned stimuli that lead to anxiety or distress in the child, even when the child is not actually being held. Through stimulus generalization, similar facial and verbal expressions in others may arouse similar distress in the child. Aronfreed's work (e.g., 1970) has shown existence of classically conditioned affective empathy responses, and Hoffman cites this work as support for the existence of this mode of empathy transmission.

The third mode of empathic distress arousal depends on the child already having accumulated memories of painful and distressful experiences. When the child now observes someone else having discomfort, the observations of the other's distress serve as cues for the elicitation of these memories, and a resultant empathic distress response occurs in the child. Unlike classical conditioning, here it is not necessary that the distress cues from the other and the child's own distress occur at the same time. Hoffman suggests that this is a much more general associative mechanism than the classical conditioning mode, and that it may be the mode for the experience of many types of empathic distress experiences, in adults as well as children.

The fourth mode for empathic distress arousal is motor mimicry. The process occurs when, upon observing the stimulus person's facial signs of distress, the child automatically imitates these emotional expressions by engaging in slight movements in facial expression and posture. These imitative movements then cause inner kinesthetic cues that aid the child in experiencing and understanding this same feeling. The existence of this mode of empathic transmission, as well as its possible innate origins, has been given support recently in an exciting group of infant studies showing successful motor mimicry of facial expressions during the first months of life (Barrera & Maurer, 1981; Field, Woodson, Greenberg, & Cohen, 1982; Nelson, Morse, & Leavitt, 1979; Young-Browne, Rosenfield, & Horowitz, 1977).

The fifth mode of empathic arousal was termed *symbolic association*. Here, rather than directly experiencing distress cues from the stimulus person, the observer is exposed to symbolic cues of distress, such as the label for the emotion or a description of an emotional event that was being experienced by the stimulus person. These symbolic cues then become associated with the child's own experienced distress, as in the third mode. Hoffman believes this mode to be more advanced than the first four modes because it requires that the child understand such symbolic cues.

The first five modes of empathic arousal are automatic. Once the child is able to perceive and discriminate the affective cues (behavioral or symbolic), the vicarious affective response follows. However, the sixth mode, role taking, requires greater cognitive maturation and depends much more on purposive action. Here the child deliberately tries to take the perspective of the stimulus person, i.e., imagines himself as the victim of the perceived distress. Hoffman suggests that taking the role of the other elicits associations with actual events in the child's past in which he or she experienced the same emotion, leading to the experience of this emotion once again in the present. This mode is like previous ones in that a cue from the stimulus person leads to an association with the child's own previously experienced distress. However, in this mode the cues come about through the child forming a mental representation of himself in the victim's situation. Hoffman cites research by Stotland (1969) indicating that a larger amount of affective empathic arousal takes place after the individual

imagines how he or she would feel if experiencing the same emotional stimuli as the victim.

It is notable that, although cognitive role taking is seen as important in Hoffman's model, it operates in the service of the affective empathy response, rather than for the purpose of furthering cognitive understanding of the other's emotional experience. Hoffman is not describing an independent cognitive form of empathy.

These six modes might be viewed as channels of information processing utilized by the child in forming a vicarious emotional response to another's feelings. The quality and quantity of the vicarious distress response is shaped by the mode through which emotional cues in the stimulus person are transmitted to the child. Hoffman believes that the reactive cry disappears after infancy, but that the next five modes are still used by adults, with the role-taking mode primarily found during adulthood. Once the child has access to more than one mode of affective arousal, the mode that operates in a particular situation is determined by which cues from the stimulus person are available and salient. For example, if facial cues are readily available, motor mimicry will be the main mode of empathic distress arousal. When several kinds of cues are operative, the transmission of empathic arousal may occur through several modes at once. In this case, the strength of the arousal is usually heightened. However, sometimes the existence of multiple cues may also cause an interference in empathic arousal.

The Role of Cognitive Processes in Hoffman's Model. Though Hoffman (1982) believes that the vicarious sharing of another's emotional experience is "the essential feature of empathy" (p. 285), it does not, by itself, constitute the entire empathy experience in his model. The model also posits an important role for cognitive processes in the experience of affective empathy. The particular cognitive process that Hoffman's model is concerned with is that of the child's maturing ability to differentiate self from others.

Hoffman (1975, 1977a,b) has outlined the developmental progression through which increasing self-other differentiation qualitatively changes one's level of empathic awareness. The first level of affective empathy occurs during the first year of life when, cognitively, the infant has not yet achieved person permanence and still experiences a fusion of self and other. Empathic distress is experienced globally. The experience is a fusion of unpleasant feelings that result from stimuli that come from the infant's own body, from the other, and from the situation, all at once. According to Hoffman, at this point the infant feels distress but does not know who is having it or from where it comes. The very young child may mistakenly assume that what was causing distress to the stimulus person was occurring to him.

When the child has achieved person permanence, he moves to the second level of empathy that Hoffman called *egocentric empathy*. The child can now distinguish his physical self from the physical other and realizes that, to relieve