

CHAPTER 43

Empathy and Sympathy



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The term “empathy” has been used in many ways at different times. Originally it was used primarily in regard to aesthetics (see Wispe, 1986, 1987) and involved an immediate shared sensory and emotional experience—for example, feeling oneself into a situation (Titchener, 1915). In the 1930s, Mead (1934) defined empathy in a cognitive manner, as “the capacity to take the role of the other and to adopt alternative perspectives vis a vis oneself” (p. 27). Similarly, in the 1950s, 1960s, 1970s, and even sometimes today, some researchers have used the term to refer to the cognitive ability to understand others’ mental and emotional states (Borke, 1971, 1973; Deutsch & Madle, 1975) or social insight (Dymond, 1950). In the developmental and social-psychological literature, this ability often has been subsumed, at least in part, under the term “perspective taking” or “role taking” (Underwood & Moore, 1982), and skill at “everyday mind reading” has been labeled “empathic accuracy” (Ickes, 1997, p. 2).

In the clinical literature, empathy has also been defined in a variety of ways. For example, Rogers (1959), in his early work, wrote that empathy means “to perceive the internal frame of reference of another with accuracy, and with the emotional components and meanings which pertain thereto, as if one were the person, but without ever losing the ‘as if’ condition” (1959, p. 210). Later Rogers expanded his definition to include nonjudgmentally understanding and

communicating one’s understanding to another, as well as “checking with him/her as to the accuracy of your sensings, and being guided by the responses you receive” (1975, p. 4). Other clinicians’ definitions of empathy have involved shared affect, as well as thinking oneself into another’s place and a clear differentiation between self and the other (Katz, 1963; Kohut, 1959; see Strayer, 1987; Wispe, 1986).

At the present time, some social psychologists use empathy to indicate an inferential cognitive process (Ickes, 1987), whereas numerous others have defined empathy as involving affect as well as some basic cognitive processes (Davis, 1994). Based on the work of Feshbach (1978) and Hoffman (1982), a colleague and I (Eisenberg & Strayer, 1987) have defined “empathy” as an affective response that stems from the apprehension or comprehension of another’s emotional state or condition, and that is identical or very similar to what the other person is feeling or would be expected to feel. Thus, if a woman sees or hears about a person who is sad and feels sad in response to this information, the woman is experiencing empathy.

In this definition, empathy is believed to involve both cognitive and affective components. It is useful to differentiate empathy from pure emotional contagion; thus we (Eisenberg & Strayer, 1987) have argued that empathy requires at least some differentiation of one’s own and another’s emotional state or condition (see Feshbach, 1978; Lewis, 1990), and at least a

minimal awareness of this difference in specific contexts. According to this perspective, very young infants experience emotional contagion but not empathy, and children and adults can experience either one.

Another important distinction is between empathy and related vicarious emotions. Batson (1991), a social psychologist, has differentiated between empathy (which is really sympathy, not empathy, as defined in this chapter) and personal distress. Although sympathy has been defined in a variety of ways in the past (Wispe, 1986), today sympathy is often defined as involving emotion. For example, I define "sympathy" as an affective response that consists of feeling sorrow or concern for the distressed or needy other (rather than feeling the same emotion as the other person). Sympathy is believed to involve other-oriented, altruistic motivation (Batson, 1991). Although sympathy probably stems primarily from empathy in many contexts, it may also result from cognitive processes such as perspective taking (Batson, 1991; Hoffman, 1982; Eisenberg, Shea, Carlo, & Knight, 1991; Feshbach, 1978) and accessing of information encoded in memory that is relevant to the other person's condition (Eisenberg, Shea, et al., 1991).

In contrast to sympathy, "personal distress" is defined as a self-focused, aversive emotional reaction to another's emotion or condition (e.g., discomfort, anxiety; see Batson, 1991; Eisenberg, Shea, et al., 1991). Like sympathy, personal distress may often stem from empathy or cognitive processing; however, unlike sympathy, it involves the egoistic motive to alleviate one's own distress rather than that of the empathy-inducing individual(s).

The goal of this chapter is to provide a brief overview of theory and research concerning empathy-related responding. Topics salient in contemporary research are emphasized, including (1) temperamental or personality variables related to empathy-related responding; (2) the development of empathy-related responding; (3) the relation of empathy-related reactions to social behavior, including prosocial behavior, aggression, and social competence; (4) gender differences in empathy-related reactions; and (5) socialization correlates. In this review, work from the developmental and social-psychological literature is emphasized (particularly the former), in part because clinicians usually define empathy differently than it is conceptualized in this chapter.

TEMPERAMENTAL OR PERSONALITY VARIABLES RELATED TO EMPATHY-RELATED RESPONDING

Fabes and I (e.g., Eisenberg, Fabes, Murphy, et al., 1994) suggested that sympathy and personal distress involve qualitatively different emotional experiences and are differentially related to several dispositional characteristics linked to emotional experience. Specifically, we hypothesized that empathic overarousal in reaction to another's negative emotion (or condition) is aversive; consequently, it induces a self-focus reaction (Hoffman, 1982) and the egoistic motivation to alleviate that aversive state. In a nutshell, we argued that personal distress is usually the consequence of empathic overarousal. In contrast, we suggested that sympathy is a consequence of either cognitive processes (e.g., perspective taking) or an optimal level of empathic arousal—one that is strong enough to orient the empathizer toward the other person, but is not so strong that it is aversive. Consistent with these hypotheses, negative emotion has been associated with a focus on the self (e.g., Wood, Saltzberg, & Goldsamt, 1990); and people exhibit higher skin conductance or heart rate, and sometimes report more distress, in situations likely to elicit personal distress (in contrast to sympathy or a baseline; Eisenberg, Fabes, Schaller, Miller, et al., 1991; Eisenberg, Fabes, Schaller, Carlo, & Miller, 1991; Eisenberg, Schaller, et al., 1988; see also Strayer, 1993).

On the basis of the aforementioned ideas, we (Eisenberg, Fabes, Murphy, et al., 1994) further argued that aspects of personality or temperament influence whether people are able to maintain their vicarious emotional arousal at a moderate level or become overaroused by negative emotion when confronted with another's negative emotion or situation. Specifically, we suggested that people prone to exhibit sympathy are likely to be those who are dispositionally well regulated (especially in regard to emotion regulation) and prone to intense emotions, be they positive or negative (if they also are well regulated). In contrast, people prone to personal distress were expected to be those low in dispositional regulation (e.g., the ability to shift and focus attention and to manage emotionally based behavior) and high in the intensity and frequency of their experience of negative emotions. These hypotheses have received ini-

tial empirical support, particularly when dispositional sympathy and personal distress have been studied. For example, personal distress has been related to low regulation (attentional and/or behavioral) in studies with young adults and older adults (Eisenberg, Fabes, Murphy, et al., 1994; Eisenberg & Okun, 1996). In contrast, dispositional sympathy has been correlated with high regulation (Eisenberg, Fabes, Murphy, et al., 1996; Eisenberg & Okun, 1996; Murphy, Shepard, Eisenberg, Fabes, & Guthrie, 1999), although sometimes only after individual differences in the tendency to experience intense negative emotions have been controlled for (Eisenberg, Fabes, Murphy, et al., 1994).

Consistent with the aforementioned predictions, among adults, dispositional personal distress and sympathy have been associated with self-reported dispositional tendencies to experience intense negative emotions and sadness. The relation of self-reports of frequently experiencing negative emotion with sympathy has been relatively weak (and significant only when social desirability was controlled for), whereas the relation between frequency of negative emotion and personal distress has been relatively strong and consistent. Moreover, friends' reports of negative emotionality (both intensity and frequency) have been related positively to young adults' personal distress, but not to sympathy. Thus adults' personal distress and sympathy have been linked to sadness and intensity of negative emotions when they occur, whereas frequency of negative emotionality has been more clearly associated with personal distress (Eisenberg, Fabes, Murphy, et al., 1994; Eisenberg & Okun, 1996; see also Davis, 1994).

Among children, dispositional regulation, as reported by parents or teachers, also predicts dispositional sympathy (Eisenberg, Fabes, Murphy, et al., 1996; Eisenberg et al., 1998; Murphy et al., 1999). Furthermore, vagal tone, a marker of physiological regulation (Porges, Doussard-Roosevelt, & Maiti, 1994), was positively related to self-reported sympathy for boys (although the relation was negative for girls) (Eisenberg, Fabes, Murphy, et al., 1996). However, in contrast to the findings for adults' self-reported negative emotionality, negative emotionality was negatively related to children's dispositional sympathy, albeit only for boys in early elementary school (and for both sexes by ages 10–12; see Eisenberg et al., 1998; Murphy et al., 1999). It is likely that the re-

versed pattern of findings for children can be attributed to the types of children's negative emotions that are salient to, and reported by, adults who deal with the children on a regular basis. In general, researchers have found that boys exhibit more anger than do girls (see Eisenberg, Martin, & Fabes, 1996), so it is likely that adults' (particularly teachers') reports of children's (especially boys') negative emotionality reflect primarily externalizing emotions such as anger and frustration, as well as other problematic emotions such as overt distress (see Eisenberg, Fabes, Nyman, Bernzweig, & Pinuelas, 1994). These types of negative emotions would not be expected to promote sympathy, and externalizing negative emotions would be expected to undermine sympathetic responding. The fact that other-reports of negative emotionality were negatively related to children's sympathy is somewhat consistent with the relation of other-reports (i.e., friends' reports) of intensity and frequency of adults' negative emotions to adults' personal distress but not sympathy (Eisenberg, Fabes, Murphy, et al., 1994). Moreover, for boys, physiological arousal when exposed to a relatively distressing film clip was related to low dispositional sympathy—a finding supporting the view that negative emotional reactivity is linked to personal distress.

In the same study, adults' reports of children's regulation and emotionality contributed unique as well as overlapping variance to the prediction of children's self-reported and teacher-reported dispositional sympathy (Eisenberg, Fabes, Murphy, et al., 1996). In addition, there was an interaction between general emotional intensity and regulation in predicting teacher-reported child sympathy. "General emotional intensity" was defined as the general tendency to feel emotions strongly, without reference specifically to valence of the emotion (positive or negative). Children low in teacher-reported regulation were low in sympathy, regardless of their general emotional intensity. In contrast, for those children who were moderate or relatively high in regulation, sympathy increased with the level of general emotional intensity. Thus children who were likely to experience positive and negative emotions intensely were sympathetic if they were at least moderately well regulated. These children were likely to experience others' emotions vicariously without becoming overaroused and overwhelmed by their emotions. This finding was

partially replicated 2 years later for boys' behavioral regulation and general emotional intensity (Eisenberg et al., 1998).

In brief, across studies, regulation has generally (albeit not always) been correlated with high dispositional sympathy and low dispositional personal distress. The relation of emotionality with empathy-related responding varies, depending upon whether the index is adults' reports of their own emotionality or other people's reports of an individual's negative emotion (e.g., teachers' or parents' reports of children's emotionality, or friends' reports of adults' negative emotionality). In addition, dispositional empathy-related responding is often better predicted by the combination of emotionality and regulation than by either one by itself.

The pattern of relations between *situational* empathy-related responding and regulation and emotionality is not as clear as the findings for dispositional empathy-related reactions, especially in the limited data from adults (Eisenberg, Fabes, Murphy, et al., 1994). In samples of children, measures of situational sympathy (e.g., facial concerned attention in response to an empathy-inducing film, self-reported sympathy, heart rate decline) have sometimes been correlated with adults' reports of children's attentional or behavioral regulation (Eisenberg & Fabes, 1995; Guthrie et al., 1997). Moreover, in one study (Guthrie et al., 1997), situational personal distress (e.g., facial distress) was correlated with high emotionality, whereas situational sympathy was negatively related to ratings of dispositional negative emotionality. However, the strength of these relations has generally been modest, and the overall pattern is often weak and sometimes inconsistent.

THE DEVELOPMENT OF EMPATHY-RELATED RESPONDING

For many years, in part because of Piaget's work, behavioral scientists often assumed that young children were too egocentric to empathize. However, Martin Hoffman's theorizing about empathy challenged the notion that young children are incapable of other-oriented feelings and behavior.

Hoffman (1982) proposed four levels of feelings that result from the coalescence of vicarious affect and the cognitive sense of the other. Hoffman suggested that infants experience empathic distress through one or more simple

mechanisms (e.g., reactive crying to another's distress, conditioning, mimicry) in the first year of life, before they acquire a clear sense of others as separate physical entities. Hoffman hypothesized that because young infants cannot differentiate their own distress from that of another person, they experience global distress—a diffuse and generalized state encompassing both the distressed person and themselves (see also Lewis, 1990).

At Hoffman's next level—egocentric empathy—children are believed to distinguish the self from others, but cannot fully differentiate between their own and another's internal states. Thus they may experience a mixture of sympathy and distress, and they still have difficulty responding sensitively to another's emotions and needs. However, at 2 to 3 years of age, young children become increasingly aware that other people's feelings are independent of, and sometimes different from, their own. Due to increased perspective-taking skills, children can empathize and sympathize with a wider range of emotions than at a younger age, and can respond with empathy/sympathy to information about someone's feelings even when the other person is not physically present. However, until late childhood or early adolescence, children's empathic responses are usually confined to another's immediate, transitory, and situationally specific distress. With greater cognitive maturity and an awareness that people continue to exist over time and contexts, children can empathize with others' general condition. Hoffman hypothesized that this developmental change explains why adolescents are able to understand and respond to the plight of a group or class of people, such as the impoverished or politically oppressed.

There is support for some aspects of Hoffman's theory. For example, there is evidence that, as discussed by Hoffman, newborn infants sometimes display reactive crying to another infant's cry (more so than to a simulated cry), although it is unclear whether such crying reflects primitive empathy, conditioned responses, or emotional contagion (see Thompson, 1987). Moreover, consistent with his expectations, most children do not appear to empathize until 12 to 18 months of age. Six-month-old infants rarely become distressed by the crying of a peer (Hay, Nash, & Pedersen, 1981), although 38- to 61-week-olds sometimes respond to others' distresses that they did not cause with orienting and distress cries or even positive affect

(Zahn-Waxler & Radke-Yarrow, 1982). Distress cries and positive emotion decrease with age in the early years. Moreover, by 12 and 18 months of age, infants sometimes react to others' distress with prosocial interventions suggesting concern (Zahn-Waxler, Radke-Yarrow, & King, 1983). Consistent with Hoffman's theorizing, toddlers who recognize themselves in the mirror—who have a rudimentary sense of self—are relatively empathic and likely to assist others in distress (Bischof-Kohler, 1991; Johnson, 1982; Zahn-Waxler, Radke-Yarrow, Wagner, & Chapman, 1992). Moreover, consistent with the view that rudimentary perspective-taking skills influence the quality of empathy, in the second year of life and at ages 4 to 5 years children's attempts to test hypotheses about why another is distressed have been associated with children's prosocial behavior (Zahn-Waxler, Cole, Welsh, & Fox, 1995; Zahn-Waxler, Robinson, & Emde, 1992).

Although toddlers and preschool children are clearly capable of responding empathically and sympathetically to others' distress, they also often ignore others' distress and sometimes react with avoidance or aggression. Indeed, young children's responsiveness to peers' cries is relatively infrequent (e.g., Howes & Farver, 1987; Phinney, Feshbach, & Farver, 1986). Individual differences in children, situations, and experiential factors appear to influence a particular child's response (Farver & Branstetter, 1994; see Eisenberg & Fabes, 1998).

Children report more empathy with increasing age in the preschool and elementary school years (e.g., Strayer, 1993; see Lennon & Eisenberg, 1987). However, findings pertaining to age changes in empathy-related responding as measured with self-report questionnaires are inconsistent with older children and adolescents. Facial/gestural indices appear to be either inversely related or unrelated to age in the early school years, probably because of increases with age in children's ability to mask their emotions (Lennon & Eisenberg, 1987). In a recent review, we (Eisenberg & Fabes, 1998) found that age-related trends in children's empathy in research were significant and larger for observational and self-report measures than for non-verbal (facial/physiological) or other-report measures (for which the effect sizes were not significant).

There is also evidence that sympathy and empathy are stable interindividually (i.e., are correlated across time) from early adolescence

into early adulthood (Davis & Franzoi, 1991; Eisenberg, Carlo, Murphy, & Van Court, 1995). Thus individual differences in empathy-related responding seem to be established by late childhood.

RELATIONS OF EMPATHY-RELATED RESPONDING TO SOCIAL BEHAVIOR

Prosocial Behavior

For many years, psychologists (e.g., Batson, 1991; Feshbach, 1978; Hoffman, 1982) and philosophers (Blum, 1980; Hume, 1748/1975) have proposed that prosocial behavior, particularly altruism (prosocial behavior that is not based on concrete external rewards), is frequently motivated by empathy or sympathy. Moreover, some psychologists believe that links between empathy or sympathy and prosocial behavior exist both within specific contexts and at the dispositional level (i.e., people with a dispositional tendency toward empathy/sympathy are expected to be altruistic in general; Eisenberg & Miller, 1987; Penner, Fritzsche, Craiger, & Freifeld, 1995; Staub, 1979).

According to Hoffman (1982), the development of empathy/sympathy and that of prosocial behavior are intimately related. As young children develop the ability to differentiate between their own negative emotion and that of other people, they are able to experience sympathetic concern for another. This appears to occur to some degree in the second year of life (Zahn-Waxler, Radke-Yarrow, et al., 1992). Initially these efforts often consist of positive physical contact, such as patting the other person.

However, by 18 to 24 months of age, children are increasingly likely to try to provide direct assistance. Young toddlers' prosocial actions may be somewhat inappropriate and egoistic; for example, a young girl may try to comfort a crying peer by bringing her own mother rather than the mother of the peer. However, as children become better at understanding others' perspectives and needs as differentiated from their own (e.g., especially at ages 3 or 4), their prosocial behavior becomes more appropriate and sensitive. Moreover, as children come to understand that others' emotional states and conditions exist over time and beyond the immediate context (at 6 to 9 years of

age), they become capable of reacting to others' general condition, as well as to another's immediate distress. Thus they may be sympathetic to the continuing plight of an entire group or class of people, such as the impoverished, oppressed, or disabled.

Despite the common assumption of a link between empathy-related responding and prosocial behavior, Underwood and Moore (1982) found in a meta-analytic review that empathy was virtually unrelated to prosocial behavior. Many of the studies they reviewed involved self-report measures of empathy in which children were presented with a series of short illustrated vignettes about people in emotionally evocative contexts and were asked how they felt. Such measures have proved to be problematic (see Eisenberg & Lennon, 1983; Lennon, Eisenberg, & Carroll, 1983).

Moreover, in the early research on empathy and prosocial behavior, the critical conceptual distinction between sympathy and personal distress was absent. As noted previously, Batson (1991) hypothesized that sympathy (as defined in this chapter), due to its intrinsic other-oriented motivation, is likely to lead to other-oriented, altruistic helping behavior. Moreover, Batson and his colleagues have found that when people experience sympathy, they infer that they value the welfare of persons in need (Batson, Turk, Shaw, & Klein, 1995) and develop more positive attitudes toward members of stigmatized groups (e.g., those with AIDS or the homeless; Batson, Polycarpou, et al., 1997). Thus people experiencing sympathy would be expected to be relatively likely to assist other people, including members of stigmatized groups.

In contrast, Batson (1991) viewed personal distress as involving the egoistic motivation to alleviate one's own distress. Consequently, personal distress is expected to engender prosocial actions only when reducing another's negative emotion or circumstances is the easiest way to alleviate one's own distress. However, if people have the option of easily avoiding contact with the person who elicited the personal distress, they are expected not to assist.

Batson and his colleagues, as well as others (e.g., Schroeder, Dovidio, Sibicky, Matthews, & Allen, 1988), have conducted a series of laboratory studies with adults testing these predictions. In general, they have found that sympathy, in comparison to personal distress, tends to be associated with helping when it is easy for

people to escape contact with the person needing assistance (see Batson, 1991, 1998; see also Carlo, Eisenberg, Troyer, Switzer, & Speer, 1991). In most of this work, situationally induced sympathy and personal distress were examined; typically it was induced through some sort of experimental manipulation, and self-reports of emotion were used to assess the success of the manipulation. However, individual differences in sympathy or personal distress to an empathy-inducing stimulus have also been linked to high and low levels of prosocial behavior, respectively, in studies with children and adults (e.g., Carlo et al., 1991; Eisenberg & Fabes, 1991). Moreover, dispositional self-report measures of sympathy and empathy have been associated with older children's and adults' prosocial behavior (Eisenberg & Miller, 1987).

For example, in a series of studies, Fabes, I, and our colleagues demonstrated that children and adults exhibit different heart rate, skin conductance, facial, and (to a more limited degree) self-reported reactions in contexts selected to induce sympathy versus a reaction akin to personal distress. These markers of sympathy and personal distress tended to predict prosocial behavior in situations in which prosocial behavior was anonymous (or relatively anonymous) and potential helpers did not have to deal with the empathy-inducing person if they did not want to do so (Eisenberg et al., 1990, 1993; Eisenberg, Fabes, Miller, et al., 1989; Fabes et al., 1994; Fabes, Eisenberg, & Miller, 1990; Miller, Eisenberg, Fabes, & Shell, 1996). Self-report measures have been less consistently related to children's prosocial behavior than have facial and physiological measures (see Eisenberg & Fabes, 1990, 1998; Holmgren, Eisenberg, & Fabes, 1998; Trommsdorff, 1995; Zahn-Waxler et al., 1995; cf. Roberts & Strayer, 1996). However, in studies of self-reported dispositional empathy or sympathy rather than situational empathy/sympathy, empathy or sympathy tends to be related to self-reported or relatively costly prosocial behavior (Eisenberg, Miller, Shell, McNalley, & Shea, 1991; Eisenberg et al., 1987).

Of course, the predicted relations have not always been obtained. Sometimes the effects of sympathy are moderated by dispositional perspective taking (Knight, Johnson, Carlo, & Eisenberg, 1994) or moral reasoning (Miller et al., 1996), such that prosocial children are high in sympathy *and* perspective taking or moral

reasoning. Moreover, preschoolers' personal distress reactions have sometimes been positively related to the children's tendency to engage in compliant, requested prosocial behaviors in other contexts (Eisenberg et al., 1990; Eisenberg, McCreath, & Ahn, 1988). However, such compliant prosocial behavior has been correlated with observed low assertiveness and other behaviors indicative of low social competence with peers. Children high in compliant prosocial behavior (especially boys) appear to be viewed as easy targets by their peers (Eisenberg, Cameron, Tryon, & Dodez, 1981; Eisenberg, McCreath, & Ahn, 1988; Larrieu, 1984), and may engage in requested prosocial actions primarily because they are nonassertive or desire to curtail an unpleasant social interaction.

Moreover, sympathy can sometimes lead to negative moral outcomes. Batson, Klein, Highberger, and Shaw (1995) found that people induced to feel empathy/sympathy were likely to allocate resources preferentially to the individual for whom sympathy was felt, even if they violated principles of justice. Moreover, people may often attempt to forestall feeling sympathy if they are aware that they will be asked to help and the cost of helping is high (Shaw, Batson, & Todd, 1994).

In brief, recent research findings are consistent with the conclusion that sympathy and sometimes empathy (depending on their operationalization) are positively related to prosocial behavior, whereas personal distress is negatively related to prosocial behavior. As might be expected, there is more evidence of associations within contexts than across contexts, although children with a sympathetic disposition appear to be somewhat more prosocial in general than are other children (see Eisenberg & Fabes, 1998).

However, much of this work is not directly relevant to one debate in the field—that of whether sympathy is associated with true altruism (nonegoistically motivated prosocial behavior) or whether the link between sympathy and prosocial behavior is really mediated by egoistic motivations. Batson (1991) argued that sympathy is associated with the selfless desire to benefit another, and that sympathetically motivated altruistic behavior is not due to the desire for external rewards, the desire to avoid guilt, or the expectation of feeling good through vicarious sharing of a person's joy when the person's condition is improved. Although Batson and his colleagues have gath-

ered considerable data consistent with Batson's arguments (e.g., Batson, Sager, et al., 1997), other researchers have data consistent with the view that when people experience sympathy, they help to alleviate their own negative mood (because of perceived oneness with the other person) or to experience empathic joy (Cialdini et al., 1987; Cialdini, Brown, Lewis, Luce, & Neuberg, 1997; Smith, Keating, & Stotland, 1989). Thus the debate regarding whether sympathy (or empathy) ever motivates true altruism is not resolved and may not be in the near future.

Aggression and Social Competence

Theorists have frequently argued that people who tend to empathize or sympathize with another's pain or distress are likely to refrain from or cease aggression because of the emotional discomfort induced by their vicarious response to the victim's emotional (or imagined) reactions (e.g., Feshbach, 1978). Empirical findings are somewhat consistent with this view, although the association between aggression and empathy appears to be modest in strength and varies as a function of the measure of empathy-related responding. In general, self-reported dispositional empathy-related responding has been linked to low aggression in school-age children (Miller & Eisenberg, 1988). For example, Cohen and Strayer (1996) found lower empathy among conduct-disordered than among comparison youths. Moreover, low maternal empathy has been correlated with child abuse (see Miller & Eisenberg, 1988). In contrast, relations of aggression to adolescents' and adults' reports of empathy in experimental contexts and to facial reactions indicative of children's empathy have been nonsignificant (see Miller & Eisenberg, 1988). Thus there appears to be a relation between dispositional empathy and aggression, although evidence of a link between situational empathic responding and aggression is weak. However, stronger relations might be obtained if sympathy rather than empathy were to be assessed.

One of the reasons for the relation between dispositional empathy-related responding and low aggression may be the link between empathy and social competence. Sympathy or empathy has sometimes been considered a component of emotional competence (e.g., Saarni, 1990). Consistent with this view, measures of global empathy have shown modest positive

correlations with various measures of social competence (Eisenberg & Miller, 1987). Moreover, children's dispositional sympathy predicts socially appropriate behavior, constructive coping, and low levels of problem behavior as reported by peers, teachers, and mothers, as well as children's enactments of their behavior in social conflicts (Eisenberg, Fabes, Murphy, et al., 1996). Similarly, 4- to 6-year-olds' concerned attention to an empathy-inducing film was correlated with teachers' ratings of children's social skills and with real-life constructive anger reactions (but not sociometric status; Eisenberg & Fabes, 1995). Thus children who experience sympathy in social interactions or are dispositionally sympathetic are relatively likely to behave in socially competent ways.

GENDER DIFFERENCES IN EMPATHY-RELATED RESPONDING

Despite the stereotype that women and girls are more empathic than men and boys, the data pertaining to this issue are complex. Relevant findings in regard to gender differences in empathy and sympathy vary, depending on the definition and measure of empathy-related responding. Lennon and I (Eisenberg & Lennon, 1983; Lennon & Eisenberg, 1987) found large differences favoring females for self-report measures of empathy (or occasionally sympathy), especially for questionnaire measures. No gender differences were obtained when empathy was assessed with either physiological or unobtrusive observations of nonverbal behavior. In more recent work in which sympathy and personal distress were differentiated, investigators have obtained a similar pattern of findings, although occasionally weak sex differences in facial reactions, generally favoring females, have been obtained (see Eisenberg, Fabes, Schaller, & Miller, 1989).

In a recent meta-analysis of relevant studies that were not included in the Eisenberg and Lennon (1983) review (Eisenberg & Fabes, 1998), the sex difference in empathy-related responding was relatively large for self-report studies (significantly larger than in the studies involving other methods), moderate for observational measures (in which a combination of behavioral and facial reactions was generally used), and nonsignificant for nonverbal facial and physiological measures. The sex difference in self-reported empathy/sympathy increased

with mean age of the sample (i.e., when participants were older) and when the targets of the empathic response were unspecified/unknown individuals. Sex differences in reported empathy may increase as children become more aware of, and perhaps are more likely to internalize in their self-images, sex-role stereotypes and expectations. The extent to which the gender difference in self-reported empathy-related responding reflects a genuine gender difference rather than the desire to conform with gender stereotypes is unclear at this time. However, the findings from observational studies suggest that there may be a real gender difference, beginning in the first years of life (e.g., Zahn-Waxler, Radke-Yarrow, et al., 1992).

THE ORIGINS OF EMPATHY

Hoffman (1981) hypothesized that empathy has a biological basis and is the biological substrate for prosocial behavior in humans. Consistent with this view, there is evidence from twin studies that some of the individual variation in empathy-related responding is due to genetic factors (Emde et al., 1992; Loehlin & Nichols, 1976; Matthews, Batson, Horn, & Rosenman, 1981; Rushton, Fulker, Neale, Nias, & Eysenck, 1986; Zahn-Waxler, Robinson, & Emde, 1992). For example, Zahn-Waxler, Robinson, and Emde (1992) studied twins at 14 and 20 months and found evidence of a significant genetic contribution to empathic concern (sympathy, perhaps mixed with some distress), responsiveness versus unresponsiveness to others' distresses, and prosocial responding.

However, it is also likely that children's experiences in the home and other social contexts affect their emotional reactions to others (see Plomin et al., 1993). Parents' socialization practices can to some degree reflect parents' genetic makeup, which is passed on to offspring and may affect children's capacity for empathy. Nonetheless, observation of and interactions with socializers also probably contribute to individual differences in empathy-related reactions, above and beyond any contribution made by heredity.

Regardless of the source of any parent-child similarity, there appears to be some relation between parents' reports of their own dispositional sympathy and that of same-sex children. Mothers' sympathy (or perspective taking combined with sympathy) has been positively relat-

ed to daughters' sympathy (Eisenberg et al., 1992; Eisenberg & McNally, 1993; Fabes et al., 1990) or negatively related to daughters' personal distress (Eisenberg, Fabes, Schaller, Carlo, & Miller, 1991). In contrast, maternal personal distress has sometimes been related to daughters' low empathic responding and/or to sons' and daughters' inappropriate positive emotion in response to distressed or needy others (Eisenberg et al., 1992; Fabes et al., 1990). Mothers' sympathy seldom has been significantly correlated with boys' sympathy (although it was positively related in Eisenberg et al., 1992), whereas fathers' sympathy has been linked with boys' sympathy (Eisenberg, Fabes, Schaller, Carlo, & Miller, 1991).

In contrast, when global empathy (rather than sympathy and personal distress) has been assessed, findings have been rather inconsistent. Some investigators have found little evidence of an association between parent and child empathy (Kalliopuska, 1984; Strayer & Roberts, 1989), whereas others have obtained significant relations (Trommsdorff, 1991) or a complex pattern of correlations (Barnett, King, Howard, & Dino, 1980). In one study in which mothers and children watched an empathy-inducing film together, mothers who tended to exhibit facial distress and heart rate acceleration during the film had children who did likewise (Eisenberg et al., 1992). Of course, it is impossible to determine whether individual differences in parents' empathy-related characteristics caused differences in children's responses, whether children's reactions in the specific situation elicited similar reactions from mothers (or vice versa), or whether constitutional factors were responsible for the similarity in reactions.

Relation between Quality of the Parent-Child Relationship and Children's Vicarious Responding

Although relevant data are scarce, there appears to be a relation between quality of the early parent-child relationship and children's empathy-related reactions. Children who are securely attached, in comparison to insecurely attached children, have been found to be sympathetic with peers at 3½ years of age (Waters, Wippman, & Sroufe, 1979) and to exhibit relatively high levels of empathic prosocial behaviors in preschool (Kestenbaum, Farber, & Sroufe, 1989). Although Iannotti, Cummings,

Pierrehumbert, Milano, and Zahn-Waxler (1992) did not find a relation between quality of attachment and children's empathy, quality of the attachment at age 2 predicted children's prosocial behavior toward peers at 5 years of age. Furthermore, relationships with grandparents and other older people have been linked to higher empathy in children (Bryant, 1987).

It is possible that children with secure attachments attend to and want to please their parents more than other children (Waters, Hay, & Richters, 1986), which may facilitate parental attempts to foster empathy and sympathy. Staub (1992) has argued that the quality of early attachments is important to the development of a sense of connection to others and positive valuing of other people—characteristics likely to foster sympathetic responding.

There is also some evidence of an association between children's empathy and warm, empathic parenting (Trommsdorff, 1991; Zahn-Waxler, Radke-Yarrow, & King, 1979) or parental affection (Barnett, Howard, King, & Dino, 1980; Eisenberg-Berg & Mussen, 1978), although numerous researchers have not found such a relation (e.g., Eisenberg, Fabes, Schaller, Carlo, & Miller, 1991; Janssens & Gerris, 1992; Iannotti et al., 1992). Parental abusive behavior appears to be negatively related to children's empathy (Main & George, 1985; see Miller & Eisenberg, 1988). Bryant (1987) found no relation between general parental support and empathy for 7- and 10-year-olds; however, maternal report of expressions of support during times of stress predicted children's empathy. Maternal support when children are under stress may foster empathy more than overall level of maternal warmth may.

Relations of Parental General Disciplinary Practices to Children's Empathy-Related Responding

Findings regarding links between disciplinary practices and empathy are somewhat inconsistent, perhaps in part because sympathy and personal distress have seldom been differentiated in this research (e.g., Barnett, King, et al., 1980). However, some researchers have obtained evidence suggesting that inductive practices (e.g., parental use of reasoning) are related to children's empathy (e.g., Janssens & Gerris, 1992; Miller, Eisenberg, Fabes, Shell, & Gular, 1989; Zahn-Waxler et al., 1979). Moreover, in a study of children's sympathy and personal dis-

tress, mothers' infrequent use of negative control (i.e., nonphysical power assertion or negative appraisals of children), albeit not physical control (physical punishment or physically guiding children's actions), was associated with preschool children's sympathy (Miller et al., 1989). In studies of empathy, parental power assertion has been negatively related (Janssens & Gerris, 1992) or unrelated (Bryant, 1987; Feshbach, 1975) to children's empathy. Finally, parental demandingness (i.e., expectations of mature behavior) and limit setting have been linked to children's empathy (Bryant, 1987; Janssens & Gerris, 1992), whereas paternal (but not maternal) indulgence has predicted low levels of empathy for boys (findings were mixed for girls; Bryant, 1987).

Thus initial evidence is generally consistent with the view that parents who set high standards for their children, who use reasoning for discipline, and who expect mature behavior but are not overcontrolling or punitive are relatively likely to rear empathic or sympathetic children. However, the relevant data are limited in quantity, so further research is required to examine whether the aforementioned findings are robust.

Parental Emotion-Related Disciplinary Practices

Parental reactions to children's emotional displays and emotion-related behavior also appear to be associated with children's sympathy and personal distress reactions.

In general, parental practices that help children to deal constructively with their own negative emotion seen to foster sympathy rather than personal distress. This pattern may hold because children who cannot adequately cope with their emotions may tend to become overaroused and experience a self-focused, aversive response (i.e., personal distress) to others' distress. For example, we (Eisenberg, Fabes, Schaller, Carlo, & Miller, 1991) found that parents' reports of restrictiveness in response to children's expression of self-related anxiety and sadness were associated with facial and physiological markers of boys' distress during a sympathy-inducing film, accompanied by self-reports of low distress in reaction to the film. Thus, these boys seemed prone to experience distress when confronted with others' distress, but denied or did not recognize what they were feeling.

However, the effect of parental restrictiveness may vary with the nature of children's emotion. Parents who discouraged their same-sex elementary school children from expressing emotions hurtful to others had children high in self-reported sympathy (Eisenberg, Fabes, Schaller, Carlo, & Miller, 1991). Parents who try to constrain children's hurtful emotional displays may teach their children to attend to the effects of their emotions on others. However, restrictiveness in regard to the display of hurtful emotions was associated with distress in kindergarten girls. Mothers of these girls appeared less supportive in general; thus, for younger children, this sort of maternal restrictiveness may have reflected age-inappropriate restrictiveness or low levels of support (Eisenberg et al., 1992).

Parents also teach children ways to deal constructively with their negative emotions, and these parental practices have been correlated with children's empathy-related responding. One method of coping with emotional stress that is often viewed as constructive is acting directly upon the problem—that is, trying to change factors in the environment that have caused the distress (Lazarus & Folkman, 1984). In an initial study, boys (but not girls) whose parents encouraged them to deal instrumentally with situations causing their own sadness or anxiety were prone to sympathy rather than personal distress in empathy-inducing contexts (Eisenberg, Fabes, Schaller, Carlo, & Miller, 1991). Boys who are able to deal with their negative emotions in this way may be better able than their peers to regulate their vicarious negative emotion, and thus, more likely to experience sympathy.

Maternal behaviors that direct a child's attention to another's situation and/or help the child to feel the other's distress have also been associated with sympathy (Fabes et al., 1994). For example, mothers' references to their own sympathy and sadness, and their attempts to induce perspective taking or highlight another's feelings or situation, have been associated with boys' reports of sympathy and sadness (Eisenberg et al., 1992).

Findings are mixed in regard to whether the mere discussion of emotions fosters sympathetic tendencies (e.g., Barnett, Howard, et al., 1980; Barnett, King, et al., 1980; Fabes et al., 1994). Parental discussion of emotion may be associated with children's sympathy primarily when parental discussion fosters perspective

taking and an understanding of emotion (see Dunn, Brown, & Beardsall, 1991; Dunn, Brown, Slomkowski, Tesla, & Youngblade, 1991), and when such discussion occurs in everyday interactions rather than primarily as a reactive attempt to deal with problematic behavior in children.

Families in which individuals frequently express emotions that are not hurtful or hostile also may encourage children to experience others' emotions (Eisenberg, Fabes, Schaller, Miller, et al., 1991). For example, the expression of soft negative emotions in the home has been correlated with girls' (especially younger girls') sympathy. In contrast, boys and girls from homes in which hostile negative emotions are frequently expressed seem to be prone to personal distress (Eisenberg et al., 1992). It is likely that degree and quality of family expressiveness not only reflect the quality of family interactions, but also implicitly teach children what emotions (and how much emotion) they are expected to display and/or experience (see Halberstadt, 1986), and how to regulate their emotion (Gottman, Katz, & Hooven, 1997).

Findings such as those just reviewed generally support the view that children's tendencies to respond with sympathy versus personal distress are in part learned, although the relevant socialization processes are likely to be complex and may involve genetic factors. Indeed, it is important to note that the emotion-related socialization process is not a one-way street. For example, in one study, mothers' perceptions of how distressed their children became when exposed to others' distress were greater for younger (kindergarten) than for older (second-grade) children. These mothers were warmer and displayed more positive and less negative emotion when telling stories about another in distress to younger than to older children; it appeared that mothers were trying to buffer younger children's reactions to the stories. Indeed, if mothers perceived their kindergartners as emotionally vulnerable, they were especially likely to display positive rather than negative emotion while telling the stories (Fabes et al., 1994). Furthermore, children with difficult temperaments may often elicit negative reactions from their parents when they display negative emotions (Eisenberg & Fabes, 1994; Eisenberg, Fabes, & Murphy, 1996).

In summary, children's empathy-related responding probably emerges as a function of constitutional and environmental factors. How-

ever, research on the socialization of empathy-related responding is scarce and is needed to provide an understanding of the origins of empathy and sympathy.

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