Empathy, Compassion and Cruelty, and How They Connect

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In the first part of my talk, I will elaborate on the structural and developmental preconditions of empathy, in the second part, the motivational consequences of empathy will be discussed.

Let me start with a definition: By empathy, I mean a process in which an observer has *the experience of participating in an emotion or intention of another person and thereby understanding what this other person feels or intends*. The empathic response may be caused by the expressive behavior of the other or by this person's situation. Although primarily an emotional response, empathy should not be confused with *emotional contagion* in which the emotion of another person takes possession of the observers without them being aware of the fact that the shared emotion originates in another person's emotion. Examples of emotional contagion are contagious yawning, laughter, mass panic, or breaking into tears only by watching other people crying. In empathy, the observers stay aware of the fact that the emotion or intention they participate in is actually the other's emotion or intention. Thus, empathy is comprised of emotional as well as cognitive components. It is an emotional response that mediates insight. Empathy has further to be distinguished from another mechanism of social cognition, namely *perspective taking*. Perspective taking means to imagine oneself in another person's place and, on this basis, understanding the other's point of view, thinking and feeling. Perspective taking is merely a rational mechanism in which emotional participation is of no importance. In perspective taking, one can imagine the emotion of another person but that does not imply sharing the emotion.

To give you an impression of what empathy looks like, let me present some results of our own investigations with 16 to 24 month old children. In an experimental setting the child played with a grown-up playmate who had already been familiarized with the subject in an earlier play session. This time, the playmate brought a teddy bear along. After a while, the playmate appeared to accidentally break the teddy bear causing it to lose its arm. After the "accident," the playmate started sobbing and mourning for about two minutes and verbalized her grief: "Mein Teddy ist kaputt." My Teddy is broken. The mother of the child sat in the background and was instructed only to intervene upon the child's request. In a second investigation with different children of the same age, we modified the empathy test. This time, the playmate and the child ate a dessert and the playmate accidentally broke her spoon

so that she could not eat anymore. Again, she reacted by demonstrating grief. There was a third spoon lying on the table meant to serve as a substitute.

We distinguished four patterns from the subjects' reactions:

One group, the *Helpers*, offered a substitute toy and showed concern and compassion, they stopped eating in the spoon experiment, and tried to change the situation of the playmate by either trying to console her, attempting to repair the Teddy, or offering a substitute spoon. Some went to their mothers and tried to draw their attention to the playmate.

A second group we called *Perplexed* children. They did not intervene but stopped playing or eating, stayed with the playmate and kept their attention focused on her. They gave the impression not to know, what to do or not quite to understand what was going on.

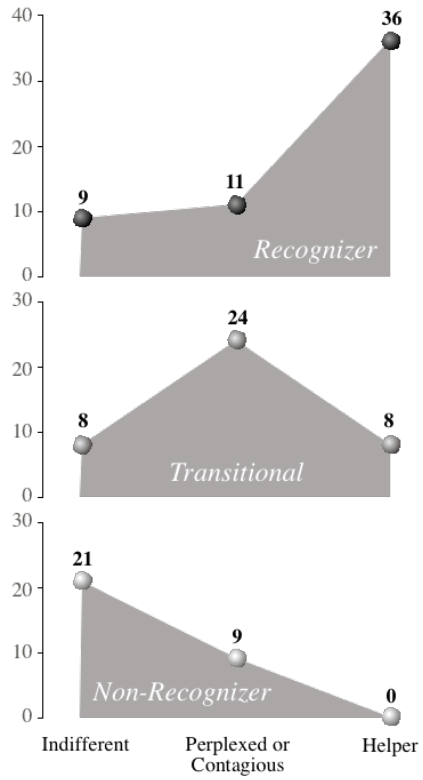
A third group showed *Indifference*. These children looked momentarily startled but soon lost interest in the playmate and went on playing - either by themselves or with their mothers. In the spoon experiment, these subjects went on eating.

In a forth group, the children showed *Emotional Contagion*. They started crying and sought consolation for themselves from their mothers.

Helpers were classified as empathizers; Indifferent and children displaying Emotional Contagion were rated as non-empathizers, the latter because their grief remained centered on themselves rather than being centered on the person in need. Perplexed children appeared to be in a transitional state of empathy.

What causes could be responsible for these behavioral differences? Several of the variables we considered turned out to be irrelevant in terms of the different responses: Neither the relationship to the playmate, nor interest in the teddy bear predicted how the children would react to name only a few factors that we considered. We did, however, find a strong correlation to an ability which at first glance appeared to have little connection with empathy – namely, the ability of children to *recognize themselves in a mirror*. This was tested by another experimenter, who did not know the results of the empathy test, with the so-called Rouge Test method. First, the children were exposed to a mirror. Then, a mark was inconspicuously placed on their cheek and they were placed in front of the mirror again. Children that demonstrated an awareness of the mark on their face were identified as Recognizers. Recognizers also grimaced and experimented while watching their body movements in the mirror. Non-recognizers treated their mirror image as a playmate. There was a third group of children who showed a striking tendency to avoid their mirror image, by going away, or turning their head abruptly, when catching their own gaze. Some of them localized the spot on their faces, some of them did not. They appeared to be in a pre-stage of self recognition and therefore were called Transitionals.

The result of our investigations are rather straigtforward: All Empathic children recognized themselves in the mirror. All Non-recognizers were not empathic. Transitionals in mirror recognition were predominantly perprexed or contagious in the empathy experiment.



Correlations of Empathy and Self-Recognition
Data from four studies with 126 15 - 24 months old boys and girls
(Teddy - and Spoon-Experiment)

What were the reasons that made us expect a connection between self-recognition and empathy? Self-recognition is due to the onset of *mental imagery* at about the middle of the second year of life. Children now become able to symbolically represent reality, allowing them to solve problems with their imagination. The process could be compared to the practice that one would scarcely allow student pilots to board a real airplane in order to try landing. Instead they would be seated in a flight simulator in which they could commit any blunder without really risking their necks. Such a simulator is mental imagery. However, mental problem solving could not be efficient without a *representation of the self*, as well. The image of the self has to be shifted around mentally, just like the images of other objects involved in the problem.

Self-representation has two functions with respect to empathy. It is the basis for *self-other-distinction* and it allows for *synchronic identification*.

In order to understand what is meant by these concepts, we have to go into a bit more detail. What does it mean to recognize oneself? Let's try to imagine how a one year old child experiences herself. Her perceptual world is filled with relevant objects but the subject herself, her own body and face, are not directly within her range of vision except maybe her own extremities. Does that mean that something like an Ego feeling is still lacking at this developmental stage? But then, the baby can already well distinguish whether an effect is caused by herself or by somebody else. The own Ego is thus already sensed as a kind of subject-related quality of the perceived events.

More than 100 years ago, the American Psychologist William James has used the label "I" to denote this kind of *unreflected self sensing*. Because it is un-reflected, the "I" is difficult to

grasp. This point was already made by James who found it impossible to define the “I” and ended up paraphrasing the phenomenon in formulations like “the thoughts themselves are the thinker.” The point of James's conceptualization is that he distinguishes the "I" from a second form of Ego-experience, which he calles the "Me". The "Me" emerges around the middle of the second year – when the ability of symbolic imagery sets in. The “Me” is the result of self-representation. Contrary to the subjective "I", it has the character of an *object* with a boundary that becomes the carrier of attributes. The "Me" can be reflected upon and conceived of, as if it were another person. From this perspective, one can realize that the Self has an outside appearance – which can be encountered in one’s own mirror image. Self-representation is also the basis for the kind of *self-other distinction* necessary to provide the cognitive component to the empathic experience. Due to self-representation, one is aware of oneself as being somebody separate from the other, not just physically, but on a psychological level as well – n the sense that self and other are separate carriers of their own inner experience. This allows the empathic observer to remain aware of the fact that the shared emotion is actually another person’s emotion.

This is not yet the case in *emotional contagion*, the only mode in which infants can share emotions before the onset of self-representation. Newborns join in crying as soon as they hear other babies crying. In the following months, emotional contagion can also be evoked by other emotions, such as a happy or sad face of the caregivers. Since the mechanism of emotional contagion is already present at the beginning of life, it could well be the emotional basis for empathy as soon as self-other distinction becomes possible in the middle of the second year.

This explanation, however, is only half of the truth. Emotional contagion is only evoked when grief, or any other emotion, is exhibited in the *expressive* behavior of a person. Empathy, on the other hand, may also be evoked by the *situation* of another person. Imagine that the child had only perceived the accident of the teddy bear, but not the playmate’s face or voice. A sad story or event happening to a protagonist can evoke compassion already in two and three-year-olds even though the children do not know or perceive the protagonist’s reaction.

In order to explain situation-induced empathy, we have to introduce a further cognitive requirement: the concept of *identity*. Identity is originally a category of perception. It has to be distinguished from equality, with which is is frequently confounded. One egg looks just like another, still they are not the same: breaking one egg would not make the other break. so they are not identical. The category of identity unites separately perceived phenomena into realizations, aspects or states of the same entity. The earliest form in which this category appears is *diachronic identity*, which has a *time-bridging* function. Phenomena following each other in time are perceived as being subsequent states of the same entity.

Aside from the diachronic form there is second mode of identity perception, namely *synchronic identity*. Here it becomes necessary that two phenomena given *at the same time*, but separated in space, are perceived as being the same. Again, equality of appearance is neither a necessary nor sufficient condition of identity. The little puppet into which the voodoo priest sticks his needles only remotely resembles the real-life victim; nevertheless, the latter is imagined to suffer from the procedure. Synchronic identification is a necessary requirement of mental imagery, because it connects mental images with reality. We must be able to realize that the ideal object, which we tentatively shift (using our imagination) to another place, is identical with the real object - still perceivable and unmoved at its old site.

Secondly, synchronic identification relates verbal concepts to the facts they denote. Thirdly, synchronic identification may relate two facts perceived in reality, making one appear as a symbol of the other, as in the voodoo example, or more commonly – as in the case of a photograph and its original. Finally, synchronic identification yokes the "I" as the subject and carrier of my experience to the objectified and reflected upon "Me," thereby allowing that "I" recognize my mirror image as myself.

Let us come back to self-representation in children. Its earliest indicator is self-recognition in the mirror. It provides a clue to our problem as to how a bystander can become empathically involved in the situation of another person. In this case, "Me" and "You" are perceived as essentially identical, the "You" being represented in imagery as well. "I" then relate to "You," similar to the way we both relate to "Me." The other's experience is, in essence, the same as mine. Thus, the other person qualifies as an object of synchronic identification. Consequently, everything that happens to the other is perceived as something concerning me as well; and, I respond emotionally to the other's situation as if I were in that person's place.

Now, why is the result of identification not the same as in emotional contagion? Here, self-other distinction prevents an emotional fusion. Thus, self-representation actually has two functions: It provides the basis for identification, because it allows one to experience oneself as being essentially the same as the other one. It also allows for self-other distinction, which is necessary for supplying the empathic experience with insight in the true source of the feeling.

Up to this point, I have discussed the process analysis of empathy. Now, let us look at *motivational consequences*.

Compassion, sympathy or *pity* - I use these concepts synonymously - are quite often understood as being synonymous with empathy as well –which, however, would narrow the range of the consequences of empathy to a degree that is not justified at all – as we will see. Compassion is considered to play a dominant causal role in prosocial intervention and helping behavior, which we took as the main indicator of empathy in our experiment. There are, of course, other motives for helping, for example deliberation, obligation and so on. But this is not our topic. In compassion, empathic distress motivates an urge to terminate this distress. One solution would be to go away, thereby avoiding the source of the induced feeling. In contrast to emotional contagion, however, the truly empathic observer is aware of the fact that it is primarily the other person's condition at stake. This person's plight remains present in imagery; therefore, running away would not terminate empathic distress. What really matters is to change the situation for the person in need. The empathizers in our investigations behaved as if they were tied to the situation. They realized that their own grief could only be ended if they removed the cause of the distress– by providing either material help or consolation.

Another consequence of empathy is *sharing the pleasure* of another person, for instance when we select a present and anticipate the (hopefully) positive response of the recipient. Empathy also plays a role in *moralistic emotions* - as in the feeling of justice. When somebody is a victim of injustice, we may vicariously feel offended, and consequently attempt to intervene in support of this person's rights. A further consequence of empathy was proposed by Martin Hoffman. He considered empathy to be the root of *guilt feelings*. In this case a person who caused another person's distress, cannot but empathize with the victim. Running away, instead of helping, could be an example for such a process of guilt induction.

Considerateness may also have an empathic component. One can almost smell, as it were, the empathic distress one would encounter after having treated someone inconsiderately.

Cooperation, eventually, is primarily based on an empathic response. By identification, the observer *participates in the intention* of the other. After doing so, the observer can figure out which activity is most appropriate for reaching a goal.

Compassion, to be sure, need not necessarily turn into prosocial intervention. For instance, a bystander may be preoccupied by another motive that turns out to be stronger than the empathic impulse. Prosocial intervention is *costly* and the costs of intervention may be considered to be too high. Some of our subjects who had forgotten that there was a substitute spoon considered giving their own spoon away but were inhibited in doing so because then: How should they, themselves, eat? Adults sometimes hold the costs of intervention low by lighting candles – thereby demonstrating concern and compassion – and that's it. In cases of collective demonstrations of compassion, it remains questionable as to what degree the participants are truly compassionate toward the needy - versus - being seized by emotional contagion. At any rate, our own mood plays a role in the degree to which we are compassionate. Depressive persons are less prepared to empathize.

Further variables influencing the outcome of empathy are *autonomy* and *competency*. Quite often, it happens that a crowd of people watches a person in need and nobody intervenes. Besides being afraid of the costs and the risks, those people may fear that they are misinterpreting the situation, or not competent enough to help out – and all this in front of an audience! In an experiment, six and 10-year-old boys heard somebody crying in pain in the room next door. The six-year-olds were afraid to go to this room alone; they only went to help when they were together with another boy. The 10-year-olds only went when they were alone; they were afraid of misinterpreting the situation and being humiliated in front of a companion.

A very important – probably the most important determinant – influencing the motivational outcome of empathy is *familiarity*. In small children, an unfamiliar person may evoke a stranger reaction, thus preventing them from approaching this person. In adults, familiarity is taken, in a much broader sense, as an indicator of whether a person qualifies as a recipient of help. However, personally knowing each other will not suffice in this respect. As we know from experiments, needy persons improve their chances of receiving help and sympathy when they belong to the *in-group*, that is, when they are relatives, or have the same religion, share the same values and opinions, speak the same idiom, or belong to the same ethnic group. If needy people are foreigners, distant in space, and we learn about their needs only through the media – they may evoke a compassionate response, but the impulse is comparably weak and can easily be suppressed.

A very efficient adult method of putting an empathic impulse out of action is *rationalization*. For instance, people may conclude that needy persons are responsible for their own situation and therefore do not deserve help. That leads me to the last point of my talk: The wonderful ability to empathize has its price. Empathy can be the basis of *socially negative* emotions as well. This aspect is almost never discussed in literature, particularly when authors are inclined to equate empathy with sympathy. However, empathic participation in the grief of another person does not necessarily lead to compassion. In cases where the observer has a grudge against the distressed person, empathy can lead to *malicious gloating*. In this case, the miserable state of the other is empathically shared, and, at the same time - enjoyed.

Sensation seeking is another example of a socially negative outcome of empathizing. In this case, the observer without being endangered oneself vicariously shares the thrill of the danger or catastrophe encountered in reality by another. Remember the case of the inactive bystanders. Another emotion with an empathic component is *malevolence*. The malevolent person senses the happiness of another person, and at the same time, is envious of this person.

Probably the most unpleasant negative consequences of empathy manifest themselves when *empathy is combined with aggression*. If we define aggression as intentionally harming a person, then we have to keep in mind that intended harm presupposes that the aggressor is aware of how, what they are doing to the victims, feels in the victims. Aggression in animals and small children is, as it were, innocent because they are not yet able to empathize. Interestingly enough, as soon as children are able to empathize, they not only sympathize with the distressed, they also start committing aggressive acts that are obviously intended to hurt other persons and go on doing so, even if their victims complain. In *sadism*, participation in the pain of the suffering victim is the aim of the experience. If we reconsider the positive impact of familiarity on empathy and sympathy, we must now add that lack of familiarity can turn a positive empathic impulse negative. Foreigners from different cultures are often considered morally inferior or even not human. It is only a small step from this devaluation to feeling free to set apart all moral standards, to despise them and to treat them cruelly. People who torture other people, and enjoy this, certainly do not sympathize with their victims. Paradoxically enough, they cannot easily be denied the ability to empathize.

A quite different question is: Why are some people more susceptible to socially averse empathic reactions than others? There are plenty of conceivable explanations. One, certainly, is socialization. To begin with, the basic capacity to empathize is an effect of maturation rather than socialization. Empathy is a *human potential* that evolves in all children as soon as they are able to mentally represent themselves. In our subjects, only a few recognizers did not empathize. Most tried to help and almost all showed compassion and concern. As we discovered in a separate study, recognizers with non-empathic response were frequently found to be insecurely attached. Security of attachment to caregivers was determined by the Ainsworth "Strange Situation Test". Insecurely attached children tended to show emotional contagion or to respond indifferently in the empathy situation.

Unfortunately, investigations on the impact of socialization on the further development of empathy are scarce. An American study with two and three-year-olds provides a hint at which socialization practice may encourage empathy and which one does not. Children were more often inclined to empathize and show compassion when they had mothers who were empathic and who explained to them that it is not a good thing to hurt somebody else because that person would feel pain and sorrow. The children with less empathic mothers showed less empathy themselves. We can conclude that socialization certainly influences the degree to which persons empathize; and, socialization may also be the reason why empathy declines or disappears in some persons, or even turns into an inclination for predominantly socially averse reactions. The conditions under which developments of this kind occur, however, are still far from being clarified.