Empathy and Moral Development

IMPLICATIONS FOR CARING AND JUSTICE

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CHAPTER 3

Development of Empathic Distress

As I mentioned earlier, empathic distress seems like a simple response: One feels distressed when observing someone in actual distress. When we look at empathic distress in mature observers, however, its complexity is quickly apparent. First, empathic distress in mature observers includes a metacognitive awareness of oneself as responding empathically: One not only feels distressed but knows this feeling is a response to something unfortunate happening to someone else and to what one assumes to be the victim's feeling of pain or discomfort. Mature empathizers have thus passed the developmental milestone of acquiring a cognitive sense of themselves and others as separate physical entities with independent internal states, personal identities, and lives beyond the situation and can therefore distinguish what happens to others from what happens to themselves.

Second, mature observers have a sense of how they would feel and a general understanding of how most people would feel in the other's situation. Third, mature observers know that the other's outward behavior (facial expression, posture, voice tone) can reflect how he feels internally but they also know that these outward expressions of feeling can be controlled to some extent and mask the other's internal feeling. Furthermore, all of this knowledge plus any personal information a mature observer has about the victim are likely to be quickly integrated into an explanation of the cause of the victim's plight. In short, for a person to experience mature empathic distress, he must have a clear distinction between what happens to

others and what happens to himself and an understanding of how feelings are expressed and how they are shaped by events.

Although infants and very young children lack many of these cognitive capabilities, they can be empathically aroused through the primitive arousal mechanisms: mimicry, conditioning, and association. The difference between infant empathy based on these mechanisms and mature empathy suggests that the development of empathic distress may reflect children's social-cognitive development, especially development of a separate and independent sense of self, a sense of others, and a sense of the relationship between self and others. Because the sense of self and others undergoes dramatic changes developmentally, it provides a framework for a developmental scheme for empathy.

I find it useful to think of four broad stages in the development of self and other: unclear or confused self/other differentiation; awareness of self and others as separate physical entities; awareness of self and others as having independent internal states; awareness of self and others as having their own personal histories, identities, and lives beyond the immediate situation. These social-cognitive stages interact with empathic affect aroused through the various arousal mechanisms, to produce the developmental scheme that follows. Before presenting the scheme I note that the age levels assigned to the stages and transitions between stages are approximate and individual differences can be enormous.

NEWBORN REACTIVE CRY

It has long been known by students of infancy and lay people alike that when human infants hear another infant cry they start to cry. The first controlled study of this reactive cry was done by Simner (1971), who found it in 2- and 3-day-olds. Simner also established that the cause of the reactive cry is not the loudness of the other's cry, as infants do not start to cry when they hear a synthetically produced (computer simulated) wail of equal loudness. Simner's findings have been replicated in 1-day-olds by Sagi and Hoffman (1976), who report in addition that the reactive cry is not a simple

imitative vocal response lacking an affective component. Rather, it is vigorous, intense, and **indistinguishable from the spontaneous cry of an infant who is in actual discomfort.** Martin and Clark (1982) replicated these findings and also showed that infants do not cry as much to the cry of a chimpanzee (which, by the way, adults find more aversive than infant cries), or even to the sound of their own cry. There thus appears to be something uniquely unpleasant about the sound of a human infant crying that throws the newborn into a state of agitated discomfort.

Why is that? The most likely explanation is that the newborn reactive cry is an innate, isomorphic response to the cry of another being of the same species, which survived natural selection and is adaptive. The primary underlying psychological mechanism could be a form of mimicry in which the newborn automatically imitates the sound of another's cry, and the resulting sound of his own cry and changes in facial muscle patterns accompanying his own cry start a feedback process that throws him into an agitated state.

The reactive cry could also be a learned response based on conditioning. In chapter 2 I mentioned the conditioning of the sucking response in 1-day-olds. It seems likely that other frequent newborn behaviors like reactive crying can also be conditioned, perhaps as follows: Reactive crying might be a conditioned distress response to a cue (sound of another's cry) that resembles cues (the infant's own cries) associated with the infant's previous pain and discomfort experiences, perhaps beginning with the birth process itself. Yet another possibility is imitation, which also occurs shortly after birth. Imitation alone, however, cannot explain the reactive cry, which, as noted, is not just an imitated cry but a more generally vigorous and agitated distress response. The most likely psychological explanation of newborn reactive crying, it seems to me, is a combination of mimicry and conditioning, with each getting an assist from imitation.

Regardless of the cause, the newborn is responding to a cue of distress in others by feeling distressed himself. The cry must therefore be considered an early, rudimentary precursor of empathic distress – precursor because the "other" to which the newborn is responding is probably sensed by the newborn as connected to the

"self," that is, as part of the same global psychological entity as the self. Interestingly, the newborn reactive cry may, despite this limitation, make a contribution to more advanced stages of empathic distress by creating a condition in which a distress cue in another (sound of a cry) occurs together with the infant's own experience of distress. Such concurrences may lead infants, through conditioning and association, to experience distress in the future, whenever they witness another in distress, that is, to experience empathic distress.

From a developmental perspective, we would expect the newborn reactive cry to be confined to the early months of life and to be gone by 6 months or so, owing to infants' dawning awareness of themselves and others as separate beings. This awareness should interfere with, or at least slow down, their automatic mimicry and conditioning responses to another's cry. The infants should also be less susceptible to cry sounds because of their growing interest in other things and the ability to regulate their emotions. There is evidence for this expected decline in a study by Hay, Nash, and Pedersen (1981), who observed twelve pairs of 6-month-old infants interacting in a laboratory playroom; both mothers were present. The main finding was that when one infant was distressed, the other generally watched but rarely cried or became distressed himself. There was a cumulative effect, however: After several instances of an infant's showing distress, the other infant did become distressed and started to cry.

The 6-month-old's cry differs from the newborn's cry in another way as well: It is not instantaneous and agitated; at 6 months the infant first looks sad and puckers up his lips before starting to cry, just as infants do at that age when they are in actual distress. It is interesting that Charles Darwin (1877), who carefully observed his son's facial and emotional responses from birth, reported something similar – "empathy was clearly shown at 6 months and 11 days by his melancholy face, with the corners of his mouth well depressed, when his nurse pretended to cry" (p. 293).

The difference between the 6-month-old and the newborn suggests that as infants differentiate from others, the basis of their global

empathic distress response is undermined. They no longer respond automatically to another's cry, because the other is now becoming a true "other" who is perceived, at least dimly, as physically separate from oneself. The infants now require more prolonged signs of another's distress before feeling distressed themselves. Furthermore, the infants may be preoccupied with their own projects, and for this reason it may require the more salient stimulus of a prolonged cry to grab their attention away from what they are doing. And finally, the looking sad and puckering up of their lips before crying, which they also do when actually distressed themselves, very likely reflects the early beginning of their ability to control their emotions.

EGOCENTRIC EMPATHIC DISTRESS

Toward the end of the first year, infants still respond to a distressed peer by looking sad, puckering up their lips, and then crying, but their cry may now be accompanied by whimpering and silently watching the distressed peer (Radke-Yarrow & Zahn-Waxler, 1984). Most infants, some sooner than others, begin to react less passively to another's distress and engage in behavior clearly designed to reduce their own distress.

Three investigators have reported the same thing: When the 10-month-old daughter of a student of mine saw a friend fall down and cry, she stared at her friend, began to cry, then put her thumb in her mouth and buried her head in her mother's lap, just as she does when she herself is hurt (Hoffman, 1975b). Radke-Yarrow and Zahn-Waxler (1984) described many similar cases, this one about an 11-month-old: "Sari, on witnessing someone in physical pain, looked sad, puckered up her lips, burst out crying, and then crawled over to her mother to be picked up and comforted" (p. 89). Kaplan (1977, p. 91) observed a 9-month-old who

> had already demonstrated strong empathic responses to other children's distress. Characteristically, she did not turn away from these distress scenes though they apparently touched off distress in her-

> self. Hope would stare intently, her eyes welling up with tears if another child fell, hurt themselves or cried. At that time, she was overwhelmed with her emotions. She would end up crying herself and crawling quickly to her mother for comfort.

Kaplan's description is noteworthy because it shows at once the child's intense (empathically based) personal distress, an awareness of something unpleasant happening to another child, but also a confusion about who is really in distress. The situation is distressing to her and she seeks comfort in the same way that she does when she is in distress.

My hypothesis about why these children respond to empathic and actual distress in the same way is that although they are developing a sense of self as a coherent, continuous entity separate from others, they still have a long way to go. They also remain limited to the preverbal empathy arousal mechanisms (mimicry, conditioning, association), and their behavior suggests they are still unclear about the source of their empathic distress. Sometimes they stare at the victim, reflecting a degree of self–other differentiation. Sometimes they use their newfound motor skills (crawling) to make contact with the mother and help alleviate their own empathic distress. But the fact that they do the same thing to alleviate their empathic distress that they do to alleviate their actual distress shows how difficult it must be for them to distinguish their empathic distress from the victim's distress that gave rise to it and from their own actual distress. The most parsimonious explanation is that they behave the same way in the empathic distress and actual distress situations because they are unclear about the difference between them, that is, they are unclear about the difference between something happening to the other and something happening to the self.

This explanation may seem at first to contradict Stern's (1985) research showing that infants have a "core self" by 7 months of age. I do not think there is a contradiction, and here is why. According to Stern, the core self includes a sense of controlling one's actions and having feelings related to one's experience. The core self is a coherent, physically bounded whole having continuity with one's past.

What ties the core self together and gives it coherence and continuity are the kinesthetic sensations infants receive from their muscles, bones, and joints every time they move. These kinesthetic sensations produce an invariant pattern of awareness. The core self is thus "an experiential, proprioception-based self, not the representational, reflective verbalizable self-concept that emerges around the middle of the second year [when infants can recognize themselves in the mirror, for example]" (Stern, 1985, p. 7).

The invariant pattern of self-awareness thus comes from the continuity of the infant's kinesthetic sensations. I suggest this is a fragile basis for the infant's core self because, unlike the later reflective self, it lacks the stabilizing influence of cognition. While the fragility may not normally pose a problem, **the infant's sense of continuity may break down anytime the infant "shares" distress with another, as in feeling empathic distress, because the kinesthetic bodily sensations on which the self's continuity is based are mixed with the bodily sensations arising from the infant's feeling empathically distressed (due to mimicry, conditioning, and association). The result is a temporary breakdown of the infant's self boundaries, and a feeling of confusion about where his or her distress comes from.** The infant has difficulty telling the difference between another's distress and the infant's own actual or empathic distress and responds the same way to another's distress as to the infant's own distress.

In any case, because the infant's response to another's and to his or her own distress is similar, I call it "egocentric" empathic distress. The term *egocentric empathic distress* sounds like an oxymoron, and indeed egocentric distress at this point in development has contradictory qualities. On the one hand, the child's seeking comfort for himself attests to empathic distress' egocentric nature. But the fact that the child was content beforehand and would continue to be content if not for another's misfortune – the fact that empathic distress is contingent on another's actual distress – attests to its prosocial nature. To summarize, empathic distress late in the first year is an egocentric motive but, unlike other egocentric motives, it is triggered

by another's distress and this gives it prosocial properties. It is not a complete prosocial motive but is halfway there and could just as well be called a *precursor* of prosocial motivation.

QUASI-EGOCENTRIC EMPATHIC DISTRESS

About a month or two later, still early in the second year, children's empathic cry, whimpering, and staring become less frequent and they begin making helpful advances toward the victim. The earliest advances, which involve tentative physical contact with the victim (patting, touching), soon give way to more differentiated positive interventions such as kissing, hugging, giving physical assistance, getting someone else to help, giving advice and sympathetic reassurance (Radke-Yarrow & Zahn-Waxler, 1984). By these actions children reveal that while they are still confined largely to preverbal empathy-arousing modes, they are less mired in their kinesthetic, subjective self and more cognitively anchored in external reality. Though they still lack a sense of their bodies as an object that can be represented outside their subjective selves (cannot recognize their mirror image until 18 to 24 months), they are part way there (they reach back when a moving object appears behind them in the mirror), and they know that others are separate physical entities (Baillargeon, 1987; Lewis & Brooks-Gunn, 1979). They can therefore realize that the other is in pain or discomfort, and their actions are clearly designed to help the other.

These same actions, however, reveal an important cognitive limitation: Children have inner states but do not realize that others have their own independent inner states. They do not know that their desires relate to the world around them, and they assume others see things the same way they do. They know the other is in distress but are still egocentric enough to use helping strategies that they find comforting. A 14-month-old boy responded to a crying friend with a sad look, then gently took the friend's hand and brought him to his own mother, although the friend's mother was present (Hoffman, 1978). This behavior clearly shows empathic distress functioning as a prosocial motive but it also reveals the child's egocentric confusion

between his friend's needs and his own needs. Similar behavior by a 15-month-old girl was reported by a mother in Radke-Yarrow and Zahn-Waxler's (1984) longitudinal sample: "Mary watches a visiting baby who is crying: she watched him carefully. She followed him around, and kept handing him toys and also other items that were valuable to her, like her bottle or this string of beads which she's so fond of" (p. 90).

To summarize, children at this stage are aware that others are physically separate from themselves and know when another is in distress. Though still confined largely to preverbal modes, they are capable of a rudimentary form of self-focused role-taking and no longer confuse their empathic distress with the victim's or their own actual distress. Empathic distress is clearly a prosocial motive at this stage – the child tries to help, but his actions are misguided because he lacks insight into the inner states of others and assumes that what helps him will help others. This assumption is often valid (adults make it too but are not limited to it), but when it is not valid its underlying cognitive limitations are clearly evident.

VERIDICAL EMPATHIC DISTRESS

Major developments in the sense of self occur around the middle of the second year. Children for the first time can recognize themselves in a mirror (Lewis & Brooks-Gunn, 1979). This mirror-self signifies that one has a sense of one's body as an object that can be represented in some form that exists outside of one's kinesthetically based subjective self and probably as an object that can be seen by others.

Later in the second year, children begin to show awareness that others have inner states (thoughts, feelings, wants) and that another's inner states may at times differ from one's own. This of course enables children to empathize more accurately with another's feelings and needs in different situations and to help the other more effectively. The transition from quasi-egocentric to veridical empathic distress is illustrated by 2-year-old David who brought his own teddy bear to comfort a crying friend, who was accidentally hurt when the two were struggling over a toy. When it didn't work, David paused, then ran to

the next room and returned with the friend's teddy bear; the friend hugged it and stopped crying. David's bringing his own teddy bear is a typical example of quasi-egocentric empathy, but he was able to profit from corrective feedback (his friend kept crying). I assume this means that David was cognitively advanced enough to wonder why his teddy bear did not stop his friend's crying, to reflect on the problem, and then to realize that his friend, like David himself, would want his own teddy bear. That is, the corrective feedback may have triggered role-taking, perhaps aided by David's memory of his friend's playing happily with his teddy bear and his memory of the teddy bear's being in the next room. This suggests the transition from quasi-egocentric to veridical empathy may occur when children are cognitively ready to learn from corrective feedback after making "egocentric" mistakes. Eventually, feedback becomes unnecessary (although even adults need it at times).

In a similar incident that did not involve feedback but did show a toddler's ability to bridge time, Sarah, 2 years and 3 months old, was riding in a car with her cousin (Blum, 1987). The cousin became upset when he could not find his teddy bear. Someone said it was in the trunk and could be retrieved when they got home. Ten or fifteen minutes passed and as the car approached the house Sarah said "Now you can get your bear." The same Sarah, at 3 years, showed an even more impressive ability to bridge time when she gave her friend her Donald Duck hat to keep "forever"; the hat was to replace the Boston Celtics cap that her friend had lost several days earlier. To summarize thus far, at this stage children cannot only empathize with the fact of another's distress; they can also take the victim's role and reflect on the victim's particular needs in the situation.

Veridical empathy is an important stage because, unlike the preceding stages which are short-lived and disappear as they give way to subsequent stages, this stage has all the basic elements of mature empathy and continues to grow and develop through life. In its fully developed form, children not only have a sense of their body as an object that can be represented outside one's kinesthetic subjective self (mirror-self) but they also sense their body as containing, and being guided by, an inner mental self, an "I," which thinks, feels, plans, re-

members. This "reflective self" includes knowing that one is somebody separated from others not just physically but also in terms of inner experience; and that one's external image is an aspect of one's inner experience. This makes it possible for one to realize that the same holds true for others: Their external image is the other side of their inner experience. Children can now engage in other-focused as well as self-focused role-taking. They know that others have feelings and thoughts independent of theirs, and this knowledge stays with them and provides the springboard for a lifetime of learning to empathize with all manner of feelings in a dizzying variety of situations.

At first the feelings children can empathize with are simple, like those in the teddy bear examples. But, as they gain understanding of causes, consequences, and correlates of emotions, they can empathize with other people's increasingly complex feelings of distress (their disappointment at a friend's divulging a secret or in their own poor performance, their fear of losing face if they accept help). The following selective review gives an idea of the progress in emotion understanding and therefore empathic capability that children make from early childhood through adolescence. It is presented in rough developmental order; whether there are stages or sub-stages that fall into ordered sequences is a question for research. The review is based mainly on Bretherton, Fritz, Zahn-Waxler, and Ridgeway (1986), unless otherwise indicated.

Early childhood. Toddlers begin to understand the causes, consequences, and correlates of emotions and especially that feelings can affect a person's facial expression ("Katie not happy face, Katie sad"); feelings can result from another's action ("You sad, Mommy. What Daddy do." "I'm hurting your feelings, 'cause I was mean to you." "Grandma mad [because] I wrote on wall"); and feelings can elicit action from someone else ("I cry [so] lady pick me up and hold me").

In the preschool years, children can be articulate about subtle emotions like missing one's parents ("He's sad. He'll be happy when his Daddy comes home," said in response to a picture in a book showing a boy looking sad). They are beginning to realize that the same event can produce different feelings in different people. They

are able to take into account the desires of another person in judging the emotions that person will feel in a particular situation (Harris, Johnson, Hutton, Andrews, & Cooks, 1989). But they also realize that people can control their emotional expression, that displayed emotions may not necessarily be felt, and that someone can have a desire even if he or she does not act on it (Astington & Gopnik, 1991).

Middle childhood. By 6 or 7 years, some children begin showing rather sophisticated understanding of the connections between their own feelings and the feelings of others. They understand that communicating their feelings can make someone feel better ("I know how you feel, Chris. When I started kindergarten I cried the first day too.") They show a dawning awareness of the meaning of friendship, for example, that friends are more likely to forgive an unintended slight ("I tried to go up to Jim to play with him again, but he won't come near me . . . when a kid really isn't your friend yet they don't know you didn't mean to do it to them.")

Given the understanding of the connection between one's own feelings and the feelings of others, it should not be surprising that at this age children start showing the self-reflective, metacognitive awareness of empathic distress that I consider a requisite of mature empathy. In a study by Strayer (1993), 5-, 7-, 8-, and 13-year-olds were shown filmed vignettes of children in highly distressing situations (child unjustly punished by parent; disabled child learning to climb stairs with a cane; child forcibly separated from family). Afterward, the subjects were asked if they felt anything while watching each vignette and why they felt that way. Most of the 7-year and older subjects and a few 5-year-olds said they felt sad because of the film-child's feelings or his situation, indicating they understood that their own sad feeling was an empathic response to what happened to the other child. The younger children did not seem to understand this. These findings suggest that before 6 or 7 years, children may respond with veridical empathic distress – they feel what is appropriate to the other's situation – but they do not realize that their distressed feeling was caused by the other's situation, that they were empathizing. It is interesting that this metaempathic awareness precedes by a year or two children's metalinguistic awareness that

words are elements of language and independent of the objects and events to which they refer (Wetstone, 1977). The reason for this may be that metalinguistic awareness is more abstract and lacks empathy's personal experiential cues.

But wait! Radke-Yarrow, Zahn-Waxler, and Chapman (1983) cite a personal communication from Lois Murphy concerning a 4-year-old boy who, upon hearing about the death of his friend's mother, said solemnly, "You know, when Bonnie grows up, people will ask her who was her mother and she will have to say 'I don't know.' You know, it makes tears come to my eyes." If we take this child's words literally, they suggest a 4-year-old can be fully aware that the source of his distress lies in another person's distressing situation, which contradicts the research. How to explain the discrepancy? One answer is that young children are metacognitively aware of their empathic distress earlier in the natural state than in the laboratory, because of salient distress cues from victims that immediately preceded and clearly caused the victims' empathic distress. Furthermore, in this particular case, the child may have been a precocious, older 4-year-old – not far out of line with Strayer's few advanced five-year-olds. (But see below for another explanation of his "precocious" metacognitive empathic distress.)

By 8 or 9 years, children understand that the same event can cause opposed feelings ("He was happy that he got the present but disappointed that it wasn't what he wanted") (Fischer, Shaver, & Cornochan, 1990; Gnepp, 1989) – although they can recognize opposed feelings a year or two earlier when prompted by an adult to consider the person's emotional reaction to each component of the conflict (Peng, Johnson, Pollock, Glasspool, & Harris, 1992). Eight- or-nine-year-olds also know something about the causes and consequences of self-esteem in others, for example, that people feel worse if they fail for lack of ability than lack of effort (Weiner, Graham, Stern, & Lawson, 1982). (This may be true mainly in merit-oriented societies, where ability is a major factor in self-esteem.)

By 9 or 10, according to a study by Gnepp and Gould (1985), children's knowledge of another's recent experience may begin to affect their awareness of his feelings in a similar situation. The sub-

jects – kindergartners, third-, fifth-, and seventh-graders – were told short stories about children (a child is bitten by a gerbil and the next day his teacher announces it is his turn to feed the class gerbil). About half the third graders and two-thirds of the fifth graders correctly used the child's prior experience (they said he would be afraid to feed the class gerbil). This, of course, also means that half the third-graders and a third of the fifth-graders were unable to use the child's prior experience even though it was recent, clearly relevant, and made salient by the teacher moments before they made their judgments. The findings suggest that children are 9 or 10 years old before they begin to realize that another's feelings are influenced by his or her recent experience. This seems late to me, given the level of knowledge about emotion that younger children have, as discussed above.

The findings obtained by Pazer, Slackman, and Hoffman (1981) may be a little closer to the mark. Children were asked to state how "mad" they would be if someone acted in a harmful manner toward them (e.g., stole their cat). The experimental subjects were then given extenuating background information about the culprit (e.g., his own cat had run away and his parents would not get him another one). The subjects in this group who were 8 years or older said they would be less mad than control subjects who were given background information of equal word length but not extenuating. Younger subjects were not affected by the background information. This brings us down to 8 years as the age at which children begin to consider another's previous experience when judging his or her feelings in a situation.

But even 8 years seems a lot when we consider Radke-Yarrow et al.'s (1983) anecdote about the 4-year-old boy, cited above: If a 4-year-old can consider another's future, he can surely consider another's past. For this reason and because that anecdote has been cited uncritically as showing more social-cognitive sophistication in 4-year-olds than the research seems to warrant – and since further details are unavailable – the anecdote deserves close scrutiny.

A possible explanation is that the boy simply parroted something he overheard: The girl's future without a mother is just the sort of

thing adults might talk about at the mother's funeral. On the other hand, adults are not likely to think the girl's big problem will be not knowing who her mother is; that sounds more like a child's construction. It seems more likely that the boy did not parrot adult words but, if not for the adult conversation, his attention, like any 4-year-old's, would be captured by the salient distress cues in the immediate situation. The adult conversation about the girl's future without a mother could well have activated his concerns about his own mother, but in any case it could explain his future-oriented response. All things considered, the boy's verbal response is best interpreted, I think, as an early, rudimentary, externally stimulated, and probably temporary expansion of a young child's time perspective – a precursor to the mature, spontaneous time perspective that appears later in life. Such external stimulation was not available in the experimental studies described earlier, which may explain why the "experimental competence" seems to lag "natural competence."

Regarding the seeming metacognitive dimension of the boy's empathic distress, the adult conversation about the girl's future could have led him to make the connection between the image of the girl without a mother and the tears and empathic sadness he was feeling at the time. This would exemplify an early, externally stimulated, rudimentary form of metacognitive empathic distress.

Adolescence. By 12 or 13 years, children can compensate for disparities between what a person feels in a situation and the feeling that is normally expected in that situation. They know, for example, that people who look sad when they should be happy (e.g., they just won a prize) probably feel sadder than people who look sad in situations in which they should be sad (Rotenberg & Eisenberg, (1997).

People who need help may not always want to be helped. Indeed, I think most people, at least in our individualistic society, are ambivalent about being helped except when they are desperate. Race may be a factor in this ambivalence: Black subjects' self-esteem decreased when they were given unsolicited help by Whites, though not by Blacks (Schneider, Major, Luhtanen, & Crocker (1996). Young children seem oblivious to other people's ambivalence about being helped, although they feel ambivalent about being helped them-

selves: Eight-to-ten-year-olds were found to worry about losing face when helped by a peer tutor (Depaulo, Dull, Greenberg, & Swain, 1989), but it is not until 16 years or so that they think twice before offering help in order to avoid putting the other at a social disadvantage (Midlarsky & Hannah, 1985).

Adulthood. People are sometimes ambivalent about being empathized with, let alone helped. This may occur after a long illness or period of mourning.

> When it [death in the family] happened I was shocked and very upset. I took a week off from school to get myself together. And, afterwards, I just wanted to get my life back to where it was before the death. When people would call me all I could hear was sympathy and pity in their voices. But I didn't want to hear sadness and be sad. I wanted to go on with my life because I had accepted the death and was ready to move on. So I wanted to talk about other things and to laugh but I couldn't because others were still grieving around me – laughing just didn't seem right. (Undergraduate student)

A woman responded to an article I wrote on empathy as follows:

> Having spent last year battling advanced breast cancer, I have perhaps a different perspective of what I want in empathy. I greatly appreciate the outpouring of kindness of others, but I don't want pity; pity isn't constructive. During my ordeal, I valued people who, with an underlying care and concern for my dire condition, could nevertheless remain cheerful and optimistic, who could encourage me to see the positive, beautiful, and wonderful – and, yes, the humorous. . . . Should we show our empathy by approaching each person with the knowledge of his certain mortality, or should we instead keep in mind another truth – that for now at least we are alive?

Both these people are saying that just because someone is dying or has lost a loved one does not mean he or she must remain somber and forever focused on his or her illness or loss. And when one can free oneself from depression, others should celebrate life with him or her even if they are not as successful in ridding themselves of gloomy thoughts. They may both be right, and this approach to

another's tragedy – remaining aware of the other's condition and yet sharing with the other whatever he or she is feeling at the moment – may mark a kind of metacognitive, veridical empathy seen only in adults. I cite two examples from my own experience. One, I know a couple who had a child with cerebral palsy. The child did not know he had a problem in his early years. The parents of course felt sad when they were with him but could suspend their sadness and whip up tremendous enthusiasm when playing with him, even forgetting for the moment his (and their) plight. Two, I visited a close friend and colleague hospitalized with an advanced, spreading cancer. We were discussing his problems when I had the feeling, probably from his voice and facial expression, that he wanted to change the topic. We talked for two hours about recent infancy research (infancy was his research topic) and its implications for theory. During that time he was vibrant and excited about the findings, and we both forgot about his illness. When I left, he said it had been the most enjoyable afternoon he had had in months. He said he was tired of everybody's sympathy and kind words and especially tired of having to put his visitors at ease. This incident illustrates not only the type of adult empathic distress under discussion, but also another type of empathic distress: Despite this person's dire condition, he was not so self-absorbed as to ignore the feelings of his visitors; and he exerted himself to help them through the awkwardness, discomfort, and sadness he could imagine they were experiencing on his behalf.

Finally, I call attention to the experience of adults in certain professions, particularly the helping professions, which can add to the sophistication of their empathic responsiveness. Psychotherapists, for example, may realize that it can be therapeutically valuable to hold back on expressing the empathic grief they feel for a patient, at least temporarily, on those occasions when expressing empathic grief would make it difficult for the patient to express any negative feelings he may have about the relative or friend who has died.[1] In these

1. The idea of therapists holding back on expressing empathic grief was suggested to me by Tatiana Friedman.

instances, the therapist's empathic grief may include empathizing with the patient's ambivalence toward the dead person.

This review and discussion should give you a rough idea of the progress individuals make as they grow up in understanding the causes, consequences, and correlates of an increasingly complex array of emotions. Future research may fill in the gaps and allow more precise delineation of the ages and possibly stages associated with each advance in emotion understanding. My main point is that people's ability to empathize fully with another is linked to their understanding of what lies behind the other's feelings, and this understanding continues to develop through adolescence and adulthood. The discussion has been confined to empathic responses to others in the immediate situation. We now turn to empathic distress for another's life condition.

EMPATHIC DISTRESS BEYOND THE SITUATION

At some point in development, owing to the emerging conception of self and others as continuous persons with separate histories and identities, children become aware that others feel joy, anger, sadness, fear, and low esteem not only in the immediate situation but also in the context of a larger pattern of life experience. Consequently, although they continue to feel empathically distressed in response to another's immediate pain or discomfort, they can also respond with empathic distress to what they imagine to be the other's chronically sad or unpleasant life condition.

This mental representation of the other's plight – his or her typical day-to-day level of distress or deprivation, opportunities available or denied him or her, future prospects – may fall short of what one considers a minimal standard of well-being (socially determined). When that happens, I expect observers to feel empathic distress. Furthermore, this empathic distress should be enhanced when observers' representation of the other's life reminds them of similar events in their own past. The observer may re-live these events (self-focused role-taking) and/or imagine the victim's chronically sad state (other-focused role-taking). As a result, the observer's mental

representation of the victim's unhappy life both generates and becomes charged with empathic affect, that is, it becomes a "hot" cognition. In this way, people may respond empathically to persons whose lives they imagine are filled with sadness and deprivation (chronically ill, emotionally deprived, economically depressed) – and this can happen even in the victim's absence.

When the victim is present, observers also respond as usual to distress cues from the victim and from the victim's situation. The question may be asked, how does empathy for another's life condition interact with empathy for his or her immediate distress? It seems reasonable that if the two are congruent, they will enhance each other: If the other is sad, one's empathic sadness is intensified by knowing the sadness is not transitory but reflects a sad life; if one knew about and empathized with the other's sad life beforehand, one would be more sensitive to his or her immediate signs of sadness.

When the two sources of empathy are contradictory, however, observers must deal with the contradiction, which can have different causes. The other may not be as sad as expected because his problem (terminal illness) has been kept secret from him; he is in denial; or he may be fully aware but accepts his plight and is trying to enjoy life. A close friend (a different one) with cancer was deciding between surgery and radiation but just wanted to talk as usual about sports and the stock market, and with the usual gusto – about anything but his condition. Had I been openly empathic it could have disrupted his denial, so I went along, got lost in conversation and enjoyed myself; empathic distress was kept under control in the back of my mind, but it returned afterward. The point is that adults do not respond in such situations by simply empathizing with the other's momentary happy state, as children might. My hypothesis is that most adults realize that another's momentary pleasure is a less compelling index of his or her well-being than a sad life; they therefore respond with empathic sadness, sadness mingled with joy, or sadness following joy.

Here are two examples from students, which show observers' unmitigated sadness despite the victim's pleasure at the time. The

second also shows how empathy with others' distressed lives can motivate the choice of a helping profession.

> My cousin's mom died. He was too young to understand and he just kept on playing with his toys. I tried to smile and play with him but I kept on thinking about how not having his mother would affect him. He wouldn't have the sweet hugs when he bumped his knee. Especially since his father was strict and very much a disciplinarian. And all that I could think of was that the softness of his mother was gone and he'd miss that. But he wasn't recognizing it. He thought everything was great.

> It was a beautiful day and I was having fun in the park with a friend. We were joking around and laughing when I noticed a child about four years old who had a severe case of Down Syndrome. She must have been having a blast because she was laughing. I no longer was. I kept thinking how horrible it must be to live life with such a handicap, and how I would feel as the mother of such a child, or as an individual with the same impairment. I kept thinking of how she would feel when she got older and could not attend a normal school like the other children her age that lived in the neighborhood. Yet her ignorance of the situation was remarkable. She was enjoying . . . [the] life that was given to her, and whatever obstacles . . . would come in the future she would learn to defeat. For some reason this logical truth just did not ease the feeling that I was having. This child is not unique, and I often experience these same reactions to those I feel that life has dealt an unfair hand. In response to these emotions, I have decided to become a special ed teacher so that I may be able to help in some way.

There are other contradictions between a person's life and his or her immediate behavior. Someone does something that makes me angry; I find out that his harmful act was due to a sad event in his life and that knowledge arouses empathy and reduces my anger. My colleagues and I commuted to work, taking a bus to the train. We were infuriated day after day when buses that were not full passed us by. We finally complained to one of the bus drivers, who told us about the impossible schedules they had to follow to keep their jobs. That was enough to make us empathic and end our anger toward the drivers (but not the bus company). The study by Pazer et al.

(1981) discussed earlier demonstrates the same thing: Extenuating circumstances that put a harmdoer in a sympathetic light reduced subjects' anger toward the harmdoer.

My point is not that we ignore the victim's feelings in the situation, but we are thinking as well as feeling animals and cannot totally dismiss the other's general condition from our minds. Our empathic feelings inevitably involve some mixing of emotions in these situations. Some people alternate back and forth between empathizing with the victim's feelings and empathizing with his or her life condition. In general, I hypothesize that the victim's immediate stimulus value will have stronger affective pull and the knowledge of his life condition will have lower priority *at first* (unless one knows about it beforehand). With cognitive processing, however, the affective pull of the victim's immediate feelings is reduced, possibly overridden by the observer's being reminded of the victim's life condition. Empathy with the victim's feeling in the situation may then be transformed into empathy with the victim's life condition. This transformation – affective decentration (?) – presumably begins when the observer recognizes the contradiction between the victim's behavior and life condition.

In other words, I hypothesize that the mental image of the other's general life condition cannot be ignored. It operates independently of and sometimes overrides the immediate situational cues or expressive behavior of the other person. It follows that responding empathically to the image of the other's life may involve a certain amount of distancing: One responds partly to one's mental image of the other rather than to the stimulus immediately presented by the other. It may also follow, developmentally, that once a person engages in such distancing he may no longer respond only to another's immediate stimulus value; he may always assume, or wonder about the other's life beyond the situation.

It should be clear from this discussion that information about another's previous, or expected future experience may affect one's empathic distress in two ways: (a) One empathizes with the victim's life condition; (b) one empathizes with the victim's immediate distress, and this empathic distress is affected by information about the

other's life condition. The first type is our focus here and is more advanced developmentally because it requires the ability to represent another's life condition and respond to the representation empathically. The second type was discussed earlier under the topic of veridical empathic distress in middle childhood and is repeated here because it frequently accompanies the first.

This discussion points up an important advantage of defining empathy as not requiring an affect match between observer and model: Requiring a match would rule out the contradictions between immediate situation and life condition as being relevant to empathy. It should be noted, however, that **there is a sort of match after all – the match between the observer's affective response to the observer's representation of the victim's life condition, and the victim's likely response to that same representation.** The victim may be defending against that representation because the reality of the life it represents is too painful for him or her to bear. The victim consequently feels less distress than the observer feels on the victim's behalf.

When can children empathize with another's life? When do children have the sense of others as continuous persons with their own histories and identities, which is necessary for them to respond empathically to another's life condition? There is no direct research but the research on self-identity provides a clue. In Erikson's scheme, children do not have a sense of themselves as continuous persons with a history and identity until adolescence. The gender and ethnic identity research (Ruble & Martin, 1998), however, suggests European American children understand that their gender and ethnic identity are stable, consistent, and permanent by around 5 to 6 years and 6 to 7 years respectively. It therefore seems reasonable to assume that around 5 to 8 years is the age at which children have a sense of others as having a history, an identity, and a life.

Whether they actually empathize with another's life condition at that age is another question. On the one hand, we might expect children's attention to be fixed or "centered" on the more salient personal and situational cues of another's distress in the situation.

Owing to the powerful impact of conditioning, association, and mimicry, the "pull" of these cues may be powerful enough to capture a child's attention, with the result that his empathic response is based on these cues and influenced not at all by his knowledge of the victim's unhappy life. It might thus take awhile before children can transcend the salient stimuli and empathize with another's life condition. This would fit with Gnepp and Gould's (1985) finding, noted above, that children could not use clearly relevant, recently acquired information about another child's experience to predict that child's feelings in a similar situation, until 9 or 10 years of age.

On the other hand, we must entertain the possibility that the 4-year-old boy's empathic grief over his friend's loss was actually intensified by the vision of his friend's future life without a mother. Though that vision may have been stimulated by adult conversation, it might still signify a rudimentary, though long-term future time perspective that contributes to empathic distress. Research is clearly needed on the development of a long-term time perspective, how it is influenced by context, and how it mediates the way in which children's knowledge of another's past or anticipated future influences their empathic response in the present.

Empathy for a distressed group. It seems likely that with further cognitive development, especially the ability to form social concepts and classify people into groups, children will eventually be able to comprehend the plight not only of an individual but also of an entire group or class of people such as those who are economically impoverished, politically oppressed, social outcasts, victims of war, or mentally retarded. This combination of empathic distress and the mental representation of the plight of an unfortunate group would seem to be the most advanced form of empathic distress, as it is hard to imagine a child being able to empathize with a group before he can empathize with the mental representation of an individual's life. The sequence from empathy with an individual's life to empathy with his or her group may show up in a single occasion, as when one empathizes with an individual and then realizes he is an exemplar of a group or category of people who share his plight. A case in

point is the student quoted earlier who empathized with a Down Syndrome child as an individual but also as someone who was "not unique" but one of many "that life has dealt an unfair hand." Also, I assume that many people who saw the famous picture of a fireman carrying a dead, burned baby must have felt empathic distress for the baby and the parents, and other pictured victims, before generalizing to empathic distress for the Oklahoma City bombing victims as a group. (Should this be called media-produced or media-enhanced empathic distress for a group?)

One group of more than passing interest is that composed of society's economically least advantaged members. If one empathized with that group, this could underlie the motivation for adopting political ideologies centered around alleviation of the group's plight (Hoffman, 1980, 1990). It could also provide an internal motive base for accepting a system of distributing society's resources that helps the least advantaged even at some cost to oneself (higher taxes). This issue will be taken up in chapter 9's discussion of empathy's relation to principles of distributive justice.

If one can empathize with an individual's life condition that contradicts his immediate behavior, one should be able to do the same thing with a group. This report by a student is a good illustration of how one can empathize with both an oppressed group's life condition and its contradictory, though understandable behavior:

> When I read accounts of slaves in America who were often extremely religious and quite optimistic when in religious services, I feel somewhat happy that these people were doing something that gave them a sense of joy, even ecstasy, but I am reminded of the fact that they were oppressed and this is a false sense of joy or hope in the midst of an unpleasant, unfortunate, and unfair life. I feel happy that they are happy despite being enslaved, but I also feel bad for them in general but especially in light of the fact that this religious hope or joy is really a false sense of security. It was truly a bitter irony that they took joy from the promised salvation of this religion, given to them by the slave owners who they wanted to be liberated from.

TRANSFORMATION OF EMPATHIC INTO SYMPATHETIC DISTRESS

Thus far I have suggested that observers' empathic distress includes both an affective component and a cognitive component derived from their cognitive sense of others as distinct from themselves. Theorists going back at least to the early 1960s have noted that how a person experiences an affect is heavily influenced by pertinent cognition ("One . . . identifies this stirred-up state in terms of the characteristics of the situation and one's apperceptive mass" [Schachter & Singer, 1962, p. 380]). These writers attempt to explain how we distinguish among different affects (anger, joy, fear) aroused directly. Quite apart from their explanation for directly aroused emotions, about which there has always been disagreement (Zajonc, 1980), the cognitive sense of oneself and others as separate, independent entities is so intrinsic to *empathically* aroused affect as to alter the very quality of the observer's affective experience. It follows that once children have a sense of themselves as separate from others, something happens to the quality of their empathic distress. One possibility is that when children discover that the pain or discomfort is someone else's, they simply turn away and respond as though the problem was not theirs. Some children do that. But the weight of the evidence – which includes the research connecting empathic distress to helping (chapter 2), the argument from human evolution (Hoffman, 1981), and the many studies and anecdotes cited here – is that most children do not turn away but respond with the same level of empathic distress as previously, and, in addition, they are motivated to help the victim.

My hypothesis, more specifically, is that once children have separate images of themselves and others, their own empathic distress, which is a parallel response – that is, a more or less exact replication of the victim's actual or presumed feeling of distress – may be transformed at least in part into a more reciprocal feeling of concern for the victim; and the motive to comfort themselves is correspondingly transformed into a motive to help the victim. This developmental transformation fits with how older children and adults report feeling

when observing someone in distress: They continue to respond in a partly egoistic manner – to feel uncomfortable and highly distressed themselves – but they also experience a feeling of compassion or what I call sympathetic distress for the victim, along with a conscious desire to help.[2]

In other words, **the same advance in self–other differentiation that moves children from "egocentric" to "quasi-egocentric" empathy, produces a qualitative transformation of empathic into sympathetic distress.** From then on and continuing into adulthood, children's empathic distress always includes a sympathetic component and, insofar as it does, children want to help because they feel sorry for the victim, not just to relieve their own empathic distress.[3] The sympathetic distress component of empathic distress is thus the child's first truly prosocial motive.

It is difficult to test a hypothesis about a qualitative developmental shift, but there is convergent circumstantial evidence in favor of it. First, there is the supportive developmental research I cited showing that children progress from responding to another's distress by seeking comfort for themselves, to seeking comfort for the victim (Zahn-Waxler, Radke-Yarrow, & King, 1979; Zahn-Waxler, Radke-Yarrow, Wagner, & Chapman, 1992). Second, three groups of investigators tested the hypothesis directly by predicting that advances in self–other differentiation predate children's shift from empathic to sympathetic distress (Bischoff-Kohler, 1991; Johnson, 1992; Zahn-Waxler et al., 1979). All three studies found, as expected, that mirror-self–image–recognition predicts later sympathetic distress and helping behavior.

Demonstrating the actual steps in the transition from empathic to sympathetic distress is even more difficult but can be done with

2. This distinction between empathic and sympathetic distress is similar to Scheler's (1913/1954) distinction between "vicarious feeling" and "fellow-feeling" and his view that the first is necessary but not sufficient for the second (p. 14).
3. It is questionable whether children ever help just to relieve their empathic distress. There are easier ways to do this such as turning away from the victim, which, as the research indicates, they rarely do.

anecdotes showing the expected combination of empathic and sympathetic distress in the second year. I described one incident about a child whose typical response to his own distress, beginning late in the first year, was to suck his thumb with one hand and pull his ear with the other. Early in his second year, on seeing a sad expression on his father's face, the child looked sad and sucked his thumb, while pulling his father's ear (Hoffman, 1978). Three similar anecdotes were reported by Radke-Yarrow and Zahn-Waxler (1984): One child's first prosocial act alternated between gently touching the victim and gently touching himself; another child comforted his crying mother by wiping her tears while wiping his own eyes although there were no tears; and a third child, who saw his mother bump her elbow, did the following: rubbed her elbow, rubbed his own elbow, said "Ow," and grimaced as though in pain. And, in a study by Main, Weston, and Wakeling (1979), a child who observed an adult "clown" pretending to cry, said "man crying" very sadly, went to his father's lap and from there with a sad expression repeatedly addressed the clown as if to comfort or distract him.

In young children, especially during the transitional period, only part of their empathic distress may be transformed into sympathetic distress, as illustrated by the child who sucked his thumb and pulled his father's ear. With further advances in social cognition and a sharpened sense of the other, the transformation of empathic into sympathetic distress becomes more complete. However, a purely empathic component may remain, even in adulthood. This dual, empathic/sympathetic feature of adult empathic distress is evident in the combined self-and-other-focused role-taking mechanism described in chapter 2. It is also illustrated by the phenomena of "empathic over-arousal" and "compassion fatigue," discussed in chapter 8, and the observation that nurses early in their training may experience a conflict between feelings of sympathetic distress, which include an intense desire to help their severely ill patients, and their own empathic distress which makes it difficult at times even to stay in the same room with those patients (Stotland, Matthews, Sherman, Hansson, & Richardson, 1979).

Insofar as the transformation of empathic into sympathetic dis-

tress takes place, the last three stages of empathic distress (quasi-egoistic, veridical, beyond the situation) are also stages of sympathetic distress. This should be understood by the reader, even though I continue using the term empathic distress for convenience, except when to avoid confusion I refer to empathic/sympathetic distress.

When a person has advanced through the five stages and encounters someone in physical, emotional, or economic distress, he or she is exposed to a network of information about the victim's condition. The network may include verbal and nonverbal expressive cues from the victim, situational cues, and one's knowledge about the victim's life. These sources of information are processed differently: Empathy aroused by nonverbal and situational cues is mediated by the largely involuntary, cognitively shallow processing modes (mimicry, conditioning, association). Empathy aroused by verbal messages from the victim or one's knowledge about the victim requires more complex processing by mediated association and role-taking. In role-taking's most highly developed form, observers may act out in their minds the emotions and experiences suggested by the above information and introspect on all of it. In this way they gain understanding and respond affectively to the circumstances, feelings, and wishes of the other, while maintaining the sense that this is a separate person from themselves.

The various cues, arousal modes, and processing levels usually contribute to the same empathic affect, but contradictions do occur – for example, between different expressive cues, such as facial expression and tone of voice, or between expressive and situational cues. A more important contradiction is the one I discussed between one's knowledge of the other's life condition and the other's immediate behavior. In this case, the expressive and situational cues of the other's feelings may lose a lot of emotional force for observers who know they only reflect a temporary state. Imagine a poor lower-class boy, unaware of his poverty and its implications for his future life course, laughing and having fun. A child observer unaware of the

boy's limited prospects feels unalloyed empathic joy. The boy's limited prospects are not easily dismissed by a mature observer, who realizes they are a more compelling index of his welfare than his immediate joy and consequently feels empathic sadness or joy mingled with sadness. The most advanced level of empathic distress thus involves distancing: It is partly an affective response to one's mental image of the victim, not just his immediate stimulus value. This fits my definition of empathy, not as an exact match of another's feelings but as an affective response more appropriate to another's situation than one's own.

COGNITIVELY EXPANDED BYSTANDER MODEL

Though we deal with affective empathy, the role of cognition has been evident throughout – in the higher-level empathy-arousing modes of mediated association and role-taking, in the central role of self–other differentiation in early empathy development, in the importance of social cognition to veridical empathy and beyond. What I do here is highlight some key points about cognition that may be buried in the details of arousal mechanisms and developmental stages: (a) Cognitive development enables humans to form images, represent people and events, and imagine themselves in another's place; and (b) because represented people and events can evoke affect (Fiske, 1982; Hoffman, 1985), **victims need not be present for empathy to be aroused in observers.**

Empathy can thus be aroused when observers **imagine** victims: when they read about others' misfortunes, when they discuss or argue about economic or political issues, or even when they make Kohlbergian judgments about hypothetical moral dilemmas. A 13-year-old male subject gave this response to the question, "Why is it wrong to steal from a store?": "Because the people who own the store work hard for their money and they deserve to be able to spend it for their family. It's not fair, they sacrifice a lot and they make plans and then they lost it all because somebody who didn't work for it goes in and takes it." This subject seemed to turn an abstract

moral question about stealing into an empathy-relevant question by hypothesizing a victim and imagining his inner states (motivation to work hard, expectation of reward, future plans, disappointment).

In other words, cognitive development expands the bystander model to encompass an enormous variety of situations, limited not by the other's physical presence but only by the observer's imagination.