

DOCUMENT RESUME

ED 176 850

PS 010 597

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TITLE Conceptual, Methodological, and Value Issues in Empathy Research.
FEB DATE Mar 79
NOTE 9p.; Paper presented at the Biennial Meeting of the Society for Research in Child Development (San Francisco, California, March 15-18, 1979)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Age Differences; Children; *Cognitive Ability; *Empathy; Ethical Instruction; *Ethics; *Measurement Techniques; Mediation Theory; Perspective Taking; *Research Design; Research Methodology

ABSTRACT

Empathic distress refers to the empathic response to another's pain, anxiety, or sadness. Empathic distress must be viewed as only one component of a person's response when observing someone in distress. Studies of empathy should be designed to rule out or control the non-empathic components insofar as possible. The importance of perception and cognition for affective empathy has probably been overemphasized. While it is commonly held that role-taking (a cognitive skill) is necessary for empathy to mediate helping, a case can be made for the proposition that empathy often fosters role-taking rather than the reverse. The question of age differences in empathy remains an unresolved issue. Research studies utilizing cognitively oriented measures tend to find age differences while those employing non-verbal measures do not. An ideal empathy index would include evidence that (1) affect has been aroused in the observer and (2) the affect experienced by the observer is sufficiently close in quality and direction to the affect experienced by the model that it can be considered a vicarious response. The use of facial response as an index of empathy seems promising enough to warrant further investigation. Attempts have been made to circumvent certain ethical, value issues by proposing that children be trained in affective empathy which will contribute to prosocial behavior rather than being trained for prosocial behavior directly. This approach raises ethical questions of its own which need to be discussed. (JMB)

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Conceptual, Methodological, and Value Issues in Empathy Research

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It looks like affective empathy has finally come of age as a research topic. If I am not mistaken, this may be the first symposium devoted exclusively to the topic at SRCD, APA, or anywhere. In reading the papers, several issues stood out as deserving attention. To make things simple, I'll focus on one affect, empathic distress, which refers to the empathic response to another's pain, anxiety, or sadness. My comments should apply to other affects as well, however.

1. My first point is that empathic distress must be viewed in the perspective of all the emotional responses a person makes when observing someone in distress. In focusing on empathy, it is easy to lose sight of the fact that an observer's affective response to a victim even when the observer seems distressed, may not always be empathic. For example, the observer's response may be a direct reaction to something noxious, such as the sound of a victim's cry or the sight of his blood. Or, it may be a startle response to sudden movements by the victim. It may be due to feeling relieved that what happened to the victim did not happen to the self; or feeling afraid that what happened to the victim might happen to the self. The observer's affect may be

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Presented in the symposium, "Empathy in children: Conceptual and Methodological Issues in current research", Society for Research in Child Development, San Francisco, 1979.

due to his feeling vaguely guilty for causing the other's distress (though he may be perfectly innocent), or for not preventing it. Waxler and Yarrow have reported such guilt tendencies in over a third of the 15-20 month-old infants they studied. Still another possibility is that the observer feels threatened by the victim's distress because he is highly dependent on the victim, as when the observer is a child and the victim is the parent. One of Waxler and Yarrow's anecdotes may be an illustration of this, rather than empathy. Finally, the observer may become so highly aroused empathically that his empathic distress is extremely aversive, and his attention consequently is redirected toward his own discomfort rather than the victim's.

Empathy is thus theoretically only one component of the observer's response to someone's plight. It is probably in general a large component, since there is ample evidence that an affective response to another's plight generally leads to helping action, at least a disposition to help. Although nonempathic affect might sometimes lead to helping, it is doubtful that it would do so reliably. My analysis does suggest, though that we think of empathy not as a response, but as a component of one's response to others. And, studies of empathy should be designed to rule out or control the non-empathic components insofar as possible.

2. Another issue I'd like to discuss bears on the importance of perception and cognition for affective empathy. I've written a lot about this and I think it's clear that cognition can't be ignored. Since the observer is responding affectively in terms of someone else's situation, not his own, the observer's level of cognizing others has to be a significant factor in his empathic response. And, I have proposed a stage theory of empathy in which the stages in development of a cognitive sense of the other loom large. Nevertheless, I think we may throw the baby out with the wash and lose a

meaningful affective empathy concept, if we go too far in stressing cognition. Let's examine the frequent assumption that role-taking (a cognitive ability) is necessary for empathy, an assumption made explicit by Iannotti when he said that Selman's role-taking stage 2, which is attained by about seven years, may be a minimal condition for empathy to contribute to helping. As evidence, he cites research indicating there is no correlation between empathy and helping until after about seven years. My reading of the research is different. In most correlational studies, regardless of age, there is little relation found between empathy and helping. Sawin's initial findings with first and third graders are an example. On the other hand, regardless of age, the naturalistic and experimental research suggest that empathic arousal is generally followed by helping behavior (e.g. Lois Murphy's nursery-school observations, Waxler and Yarrow's systematic anecdotes, Leiman's recent research).

What accounts for the discrepancy? One possibility is that empathy is not a unitary trait but a specific one, and the low correlations are due to the fact that the correlational research used measures tapping many different emotions (e.g. fear, anger, happiness, sadness)--mostly the Feshbach-Roe measure. It seems likely that a valid measure specifically of empathic sadness or empathic distress might correlate with helping. And, as Sawin just reported, this was found, at least with his first grade subjects. I think it is also significant that he found these subjects did not understand why the children in the slides used in the empathy measure felt the way they did. It thus appears that role-taking may not be necessary for empathy to mediate helping.

It has also been suggested in the literature that role-taking is necessary not just for empathy to lead to helping, but for empathy even to be experienced. That is, for us to feel what the other feels, requires first that we know what he feels. I have suggested elsewhere that there are at least four different mechanisms of empathic arousal--two based on conditioning, one on motor mimicry, and one on role-taking. I have dealt with these in detail in a Nebraska Symposium article that just came out, so I will just mention here that the predominant modes, those most frequently indicated in empathy arousal, especially in children, are those based on conditioning and mimicry. These mechanisms are also largely involuntary and have minimal perceptual and cognitive requisites. This is why Waxler and Yarrow, among others, find empathy in young children and even in infants, long before they have a viable role-taking capability. Indeed, I think a good case can be made for the proposition that empathy often fosters role-taking rather than the reverse. Empathic affect provides inner, kinesthetic cues that inform the observer about the affective experience of the model. If I am right, this bears on the larger issue of the difference between social and non-social cognition. It is often assumed that cognition about the physical world precedes and may be a pre-requisite for cognition about people, because people are so complex and unpredictable. What findings there are suggest that the reverse may be true: social cognition seems to precede physical cognition. If this generalization holds up, the reason may be that empathy provides cues about the main source of people's unpredictability, namely, their inner states. In other words, social cognition may gain a valuable assist from empathy. (This is not to imply that empathic cues are always veridical, although they probably are in general. Since people share the same basic nervous system and have many emotional experiences in

common, especially during the long period of socialization, they may be expected to react with similar affects to the same events.)

3. My third issue pertains to age differences, which we cannot ignore since we are a developmental group. The research using the Feshbach-Roe measure indicates an increase in empathy with age. But that measure places a premium on an exact match between the subject's and the model's affect, hence on the subject's cognitive level. An increase with age is therefore inevitable. Interestingly, in the one study using a non-verbal measure based on the subjects facial responses to films showing children in various affective situations, Hamilton found no differences between three and 11 years. And, Waxler and Yarros report, as you heard, that they found no age differences between two and seven years. The issue is not resolved by any means. Obviously, people can respond to more complex affects, such as disappointment, with age. And to indirect, for example, verbal expressions of affect. But it would be important to know if people become more sensitive to different emotions in others, for example, happiness or sadness, and whether empathy increases in intensity with age, or decreases perhaps as part of a general tendency to control affect.

4. I will now discuss a few points on method. First, I think Waxler and Yarrow's procedure of collecting systematic anecdotes may provide the best way to find out a number of important things about empathy in real life that we still don't know. For example, the incidence of empathic responses at different ages, variations in type of eliciting events, developmental trends and transformations, situational variations, and possibly continuities in the same person thru time. This procedure is limited, however, because it cannot differentiate empathy from the other components of a person's affective

response to the victim that I mentioned earlier. For this we need a more refined index of empathy.

An ideal empathy index would include evidence that (a) affect has been aroused in the observer and (b) the quality and direction of the affect is sufficiently close to that experienced by the model to warrant calling it a vicarious response. Physiological indices (e.g., GSR, heart rate shift) may tap arousal, and arousal intensity, quite well, but they fall down on quality and direction (e.g., The GSR doesn't discriminate empathy from sadistic delight, in response to someone being shocked). The Feshbach-Roe and other verbal measures, on the other hand, can discriminate the quality or direction of the response but are weak on arousal. There are other problems too, which I'll mention since the Feshbach-Roe measure is so often used with children. First, it may be too cognitive, as I've already indicated. Being verbal, it may also be subject to "social desirability" effects. Also, as Feshbach and Feshbach noted before, the measure may only be valid in the 4-7 year range, which may explain Sawin's unexpected findings with third graders, and which also may limit its use in longitudinal research. On the positive side are Sawin's preliminary findings that children actually are empathically aroused when responding to the story slides. I always wondered whether this was true.

If physiological and Feshbach-Roe-type measures are limited, then how should empathy be measured. An obvious answer is to use both a physiological and a verbal measure so as to establish both arousal and quality of the response. There is a promising anatomical index, however, that is much less cumbersome and may provide data on both arousal and quality of the affect: namely, observation and analysis of the observer's facial response. There is evidence that facial responses can be reliably scored for different

that
emotions and facial indices of empathy relate to helping behavior. Sawin for example, just told us that his subject's facial empathy score⁵ correlated better with helping than even his modified Feshbach-Roe scores. And, at the Toronto APA meeting last fall, Leiman reported an experimental study with kindergartners and first graders who watched a TV film of another child who looked very sad at the end, on the verge of tears, because he lost something of value. The subjects' facial empathy scores related significantly to their willingness to forego playing with an interesting toy in order to help replace the victim's loss. The use of facial response as an index of empathy thus seems promising enough to warrant further, intensive investigation. A facial index would have the advantage of being nonverbal and relatively free of "social desirability" effects. It is also very versatile--useful in the laboratory as well as in naturalistic experiments, and amenable to longitudinal research. In my judgment, the one thing missing from the Feshbach's intervention study is a nonverbal measure of affective empathy such as a facial response index might provide.

5. An interesting point on the ethics of intervention research occurred to me a few minutes ago. The Feshbachs note that we can avoid certain ethical, value issues by not training children for prosocial behavior directly, but by training them in affective empathy which will contribute to prosocial behavior. It's interesting to note that Kohlberg, dealing with the cognitive rather than the affective basis for prosocial action, tells educators that they can avoid ethical value issues by not telling the children what is good or bad, but just by fostering discussion of moral dilemmas, which will contribute to advancement in level of moral reasoning and to moral behavior. It seems to me that there may be a

devious quality to such indirect moral training. Perhaps we can't avoid the ethical issue, and should confront them. (This is not to say that I disagree with the Feshbachs. By and large I agree with their conclusions, though for different reasons. The issue needs to be discussed, however.)

I have some other things to say about topics not covered in this symposium, such as the effect of various socialization experiences on empathy, and sex differences. But I'll control myself so as to leave time for discussion from the floor. In conclusion, I just want to say that I anticipate a great future for empathy as a research topic. Any human attribute that can transform a stranger's pain into an innocent bystander's distress demands the continual attention of social scientists as well as philosophers, since it may prove to be the essential connecting link between the individual and society.