

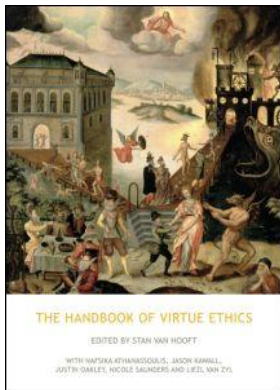
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### Sympathy

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## Sympathy

Nancy Eisenberg, Tracy L. Spinrad and Zoe E. Taylor

Sympathy is a virtue marked by what we call “empathy-related responding”. Some philosophers (e.g. Blum 1980) and psychologists (e.g. Batson 1991; Hoffman 2000; Eisenberg *et al.* 2006) have argued that empathy-related responding is the basis of much virtuous behaviour, especially prosocial behaviour (voluntary behaviour intended to benefit another). In this chapter, we discuss definitions of empathy-related responding, its role in virtue, moral development and social competence, and the development and origins of empathy-related responding.

### EMPATHY-RELATED RESPONDING: CONCEPTUAL ISSUES

Definitions of empathy and sympathy differ in the psychological sciences, as in philosophy. However, often both are assumed to have an emotional as well as cognitive component. For example, “empathic accuracy” refers to the ability to cognitively decipher another’s emotional state and does involve emotion. Specifically, *empathy* is frequently defined as an affective response that stems from the apprehension or comprehension of another’s emotional state or condition and is similar to what the other person is feeling or would be expected to feel in the given context (e.g. a person feels sad when viewing someone who is sad; Eisenberg *et al.* 2006). Empathy is usually assumed to involve at least some degree of self–other differentiation: the empathizer is aware at some level that the emotion or emotion-eliciting context is associated with the other person rather than the self. Empathy frequently occurs as a result of direct exposure to another’s emotion. At other times, observers obtain information about another’s state by cognitively taking that other’s perspective or making assumptions based on the context or other information (e.g. information in memory about what it is like to lose a loved one; see Eisenberg *et al.* 1991).

Empathy can, in turn, evoke sympathy, defined as an emotional response stemming from the apprehension of another’s emotional state or condition. Unlike empathy, sympathy

is not defined as experiencing the same emotion as the other person is experiencing, or would be expected to experience; rather, it consists of feelings of sorrow or concern for the other (Eisenberg *et al.* 2006). Sympathy can also be generated directly from cognitive perspective-taking or accessing information in memory relevant to another's situation (Eisenberg *et al.* 1991).

Eisenberg *et al.* (*ibid.*) argued that empathy can sometimes lead to *personal distress* – a self-focused, aversive affective reaction, such as discomfort and anxiety, upon comprehending another's emotion or emotionally relevant situation (Batson 1991). Personal distress is believed to often stem from empathic over-arousal – that is, high levels of vicariously induced aversive emotion (see Hoffman 2000). However, it might also result from other emotion-related processes (e.g. shame), from accessing relevant information in memory, or from cognitive perspective-taking (Eisenberg *et al.* 1991).

Thus, empathy can be viewed as value-neutral in that it can dissipate or turn into either sympathy or personal distress. Whereas sympathy is a virtuous emotion (because it is an important source of moral motivation), personal distress is a reaction that typically leads to an egoistic rather than other-oriented motivation (Batson 1991). Because empathy often seems to play a role in both sympathy and personal distress, we use the term “empathy-related responding” to include empathy, sympathy and personal distress.

This conceptualization of empathy-related responding is important for understanding virtue ethics. Virtue ethics theorists argue that the characteristic states of the agent that lead to morally good actions are virtues. They focus on what sort of person one is rather than upon what kind of actions one performs. This focus on motivation is compatible with the study of empathy-related responding because of its strong emphasis on emotion-based motivation. Based on the aforementioned definitions, sympathy is viewed as a virtue whereas other empathy-related responses that are not based on concern for others are not.

## EMPATHY-RELATED RESPONDING AND MORAL DEVELOPMENT

Empathy-related responding, especially sympathy, has frequently been linked to aspects of moral development such as prosocial behaviour, level of moral judgement, and externalizing problems (e.g. aggression, destruction of property, stealing, defiant behaviour).

### Prosocial behaviour

Empathy-related responding has most often been related, conceptually and empirically, to prosocial behaviour, especially altruism (prosocial behaviours motivated by moral emotions such as concern for another or moral values). For example, Batson (1991) argued that other-oriented concern (what we have labelled sympathy) provides the motivation for altruistic behaviour, even if it has some cost for the self. In contrast, feelings of personal distress result in a focus on one's own aversive emotional state and the egoistic motivation to make oneself, not the other person, feel better.

Although not entirely consistent, for both children and adults, sympathetic concern tends to be positively related to higher levels of helping or sharing behaviour, often in contexts in which people are unlikely to receive social or concrete rewards or punishment

for their behaviour (e.g. when no one is likely to know what they do: Batson 1991; see Eisenberg *et al.* 2006 for a review). More recent studies, some with minority youth or in other cultures, are consistent with older studies (e.g. Belgrave *et al.* 2011; Carlo *et al.* 2011). Moreover, the link between sympathetic concern and prosocial behaviour has been found even in the first years of life (e.g. Knafo *et al.* 2008; see Eisenberg *et al.* 2006 for a review). There is also evidence that, for both adults and children, personal distress is sometimes negatively related to prosocial behaviour (Batson 1991; Eisenberg *et al.* 2006).

### Prosocial moral judgement

In psychological research, moral judgement is assessed by exposing individuals to moral dilemmas and asking them to say what the story protagonist should do and why. Hoffman (1987) suggested that sympathy/empathy stimulates the development of internalized moral reasoning reflecting concern for others' welfare. In addition, Eisenberg (1986) argued that sympathy primes the use of pre-existing other-oriented moral cognitions in a given context. Moreover, Eisenberg *et al.* (2001) hypothesized that prosocial moral reasoning partially accounts for the relation of sympathy to prosocial behaviour (sympathy increases level of moral reasoning, which in turn increases prosocial behaviour).

Whereas Kohlberg (1981) used moral dilemmas that emphasized issues of justice, Eisenberg and colleagues (Eisenberg 1986; Eisenberg *et al.* 2002) studied moral reasoning about dilemmas in which the story protagonist has an opportunity to help another at a cost to the self in a context in which the role of formal prohibitions, authorities' dictates and formal obligations is minimal (Eisenberg 1986). Empathy-related reasons are quite common in prosocial moral judgement – probably more so than in moral reasoning related to justice – even in the moral judgements of younger children. Moreover, sympathetic children and young adults tend to use relatively high levels of moral reasoning or types of reasoning that seem to involve empathy, and tend to use relatively low levels of reasoning based on hedonistic concerns (Eisenberg 1986; Eisenberg & Fabes 1998; Eisenberg *et al.* 2002). In a study in Brazil with adolescents, Eisenberg *et al.* (2001) obtained initial evidence consistent with the hypothesis that sympathy is both directly related to prosocial behaviour and related to it through its effect on moral reasoning. Thus, sympathy and sometimes empathy have been associated with level and type of moral reasoning about prosocial moral dilemmas and may play a role in the development and elicitation of individuals' moral reasoning.

### Aggression, externalizing problems and bullying

Psychologists have argued that people who tend to vicariously experience others' negative emotions are inclined to inhibit aggression and other acts that harm others (e.g. Mehrabian & Epstein 1972). In fact, there is a fair degree of evidence that empathy and sympathy are related to relatively low aggression and externalizing problems (Zhou *et al.* 2002; Eisenberg *et al.* 2006; Batanova & Loukas 2011; Belgrave *et al.* 2011).

Empathy and sympathy also have been negatively associated with bullying and positively associated with defending victims in research using both peer nominations and self-reports of bullying behaviours. However, these findings are not always consistent, most likely owing to gender and age differences (for a review, see Eisenberg *et al.* 2012).

Gender is highly associated with bullying behaviours, with males more likely to bully (Viding *et al.* 2009; Eisenberg *et al.* 2012; Kokkinos & Kipritsi 2012). Furthermore, lower levels of affective empathy have been associated with bullying for males and not females (Caravita *et al.* 2009; Jolliffe & Farrington 2011). Affective empathy also has been linked to defending victims of peer aggression (Caravita *et al.* 2009; Barchia & Bussey 2011). Moreover, bullying behaviour is related to callous-unemotional traits (Viding *et al.* 2009); thus, bullies are not only low in empathy, but also appear not to care about others' feelings.

### THE DEVELOPMENT OF EMPATHY-RELATED RESPONDING

Researchers interested in the development of empathy have especially focused on its early development. In his influential theory, Martin Hoffman (2007) described a series of stages in the development of empathy-related responding beginning with very rudimentary forms of empathy (newborn reactive cries and egocentric empathic distress) to more sophisticated, other-oriented responses. According to this theory, toddlers are capable of experiencing true concern for others during the second year of life, after gaining the ability for self-awareness and for differentiating the self from other. Hoffman (*ibid.*) proposed that with improved cognitive and language skills, older children gain the ability to experience empathy even when the other person is not physically present, and by late childhood, children can empathize with another's general plight or condition, such as responding to the impoverished.

Hay and Cook (2007) also provided a model of change in empathy. They noted that prosocial behaviour, rather than simply increasing with age, becomes more selective, socially appropriate, self-regulated and morally informed over time. Moreover, age trends are thought to differ for various forms of prosocial behaviour (e.g. sharing, responses to distress). They also argue that as children's prosocial behaviours become more selective and deliberate, there are parallel changes in a host of skills, including emotion understanding, the development of self, language abilities, moral development and gender identity.

Consistent with both theories, there is evidence that infants and young toddlers are responsive to others' emotions, beginning with newborns' reactive crying (Dondi *et al.* 1999). In empathy-inducing contexts, in the second year of life, toddlers exhibit facial, vocal and gestural expressions of concern (empathy), acts of hugging or patting someone to comfort them (Zahn-Waxler *et al.* 1992; Knafo *et al.* 2008), instrumental helping (Warneken & Tomasello 2007) and sharing (Svetlova *et al.* 2010; see Eisenberg *et al.* 2006 for a review). Although there are few systematic studies on the development of empathy prior to the second year of life, Roth-Hanania *et al.* (2011) showed that eight- and ten-month-old infants occasionally showed affective and cognitive concern for others, and that these behaviours continued to increase across the second year of life. Thus, it is possible that infants are prepared to experience true empathy earlier than Hoffman proposed.

There appears to be an increase in empathy-related responding and prosocial behaviour across the first years of life (Knafo *et al.* 2008). For instance, using longitudinal data, Zahn-Waxler *et al.* (2001) found an increase in concern for the mother or experimenter from fourteen to thirty-six months of age and a decrease in self-distress. Moreover, cognitive indices of empathy, such as hypothesis testing (e.g. attempts to understand another's injury or source of pain), have been shown to improve across the toddler years (Knafo *et al.* 2008).

As Hoffman (2007) proposed, children's socio-cognitive skills, such as emotion understanding, perspective-taking and self-awareness, have been linked to the development of empathy and prosocial behaviour (Svetlova *et al.* 2010; Geangu *et al.* 2011; Bischof-Köhler 2012). For example, emotion understanding and theory of mind were found to predict children's prosocial orientation across time (Eggum *et al.* 2011). In addition, the ability to infer another's goals or emotions has been linked to children's empathy (Svetlova *et al.* 2010). Vaish *et al.* (2009) found that children as young as eighteen months of age showed concern for a stranger who was harmed even when the adult did not express negative emotion, suggesting that the toddlers inferred the other person's emotional distress from the context.

The preschool and early school years also appear to be a period of growth in empathy or sympathy. In a meta-analysis, Eisenberg and Fabes (1998) noted a general increase in empathy-related responding with age, although the effects varied by method of assessment. Specifically, increases with age were noted for self-reports and observed measures of empathy/sympathy, whereas age-related increases were not found for facial or gestural indices of empathy/sympathy or reports by adults of children's empathy/sympathy.

Findings of change in empathy-related responding in adolescence and early adulthood have been relatively mixed, with some investigators finding increases in empathy/sympathy and some not (see Eisenberg *et al.* 2006).

Data on changes in empathy-related responding across adulthood are limited and most studies have been cross-sectional and used self-reported measures. Nonetheless, researchers generally have found lower empathy in older versus younger adults or similar levels across ages (see Richter & Kunzmann 2011 for a review). Contrary to these findings, Richter and Kunzmann (*ibid.*) found that although younger adults outperformed older adults in empathic accuracy (emotion recognition) on some tasks, older adults (average age of 59 years) were as capable as younger adults (average age of 32 years) in identifying others' emotions when the context was relevant to them (i.e. the topic was regarding social loss). Similarly, older adults outperformed younger adults in emotional congruence (sharing another's emotion) if the empathy episode was relevant to them. Regardless of topic, older adults expressed greater sympathy than did younger adults, suggesting that different facets of empathy may have different developmental courses in adulthood.

### EMPATHY-RELATED RESPONDING AND SOCIAL COMPETENCE

Empathy involves being skilful at recognizing others' emotions, sharing others' feelings, and taking another's perspective, skills that are associated with social competence and adjustment (e.g. Eisenberg *et al.* 2006). Thus, so long as empathic responding does not engender personal distress, it would be expected to foster socially competent responding. Experiencing sympathetic concern also involves taking another's perspective (and sometimes stems from feeling the other's emotion), and the other-oriented concern inherent in sympathy would be expected to motivate other-oriented social interactions and behaviours. Thus, there is a natural conceptual link between empathy/sympathy and social competence because the processes of empathizing or sympathizing with others probably increases understanding of another person's feelings, directs attention to others' needs, and involves concern for the distressed or needy other, thereby motivating sensitive, responsive behaviour towards others.



### Peer relationships

Although neither empathy nor sympathy appears to be related to the number of friends children have, sympathy has been positively associated with higher-quality friendships (with weaker findings for empathy; Eisenberg *et al.* 2012). Children with higher levels of empathy and emotional understanding also have higher levels of peer acceptance or being liked (Braza *et al.* 2009), whereas less empathic children experience more adjustment problems such as internalizing and externalizing symptoms, and victimization (Kokkinos & Kipritsi 2012; see Eisenberg *et al.* 2012 for a review). However, the relations between empathy and peer acceptance are not always consistent.

The mixed findings may be partially explained by gender and age, with different relations of empathy to peer acceptance for boys and girls becoming more evident in later childhood. For example, cognitive empathy (perspective-taking) and affective empathy were positively related to peer acceptance in a sample of five-year-old boys and girls (Braza *et al.* 2009) and to preadolescents' popularity (Caravita *et al.* 2009). However, in adolescence, affective empathy has been negatively linked to boys' popularity (*ibid.*) and peer acceptance (Oberle *et al.* 2010), whereas affective empathy has been positively related to peer acceptance for adolescent girls (*ibid.*) but unrelated to popularity (Caravita *et al.* 2009). Overall, these findings suggest that gender-related links between empathy-related responding and peer status/acceptance may change with age, most likely because emotional responding to others' emotions is consistent with feminine but not masculine gender-role stereotypes (Eisenberg & Lennon 1983).

### Social skills

Researchers have generally found that both empathy and sympathy are positively associated with children's social skills and social behaviour, although results vary with age of the child and the type of empathy-related response (Eisenberg *et al.* 2012). For example, Sallquist and colleagues (2009) reported that experiencing positive empathy was associated with reports of children's social competence at fifty-four months of age concurrently and across time. Reports of children's dispositional sympathy have also been concurrently related to behaviours indicative of social competence such as high regulation, positive emotionality, constructive social functioning and social skills for both sexes, and sometimes across time (Eisenberg *et al.* 1996; Murphy *et al.* 1999).

### Resiliency

Children who are adaptive and flexible in reacting to changes and stress, or who are ego-resilient, may be better at understanding and responding to the emotional needs of others. Supporting this notion, Strayer and Roberts (1989) found positive associations between ego-resiliency and empathy in six- to seven-year-old children. Individual differences in empathy have been shown to differentiate resilient and stress-affected children, with resilient elementary school age children demonstrating higher levels of empathy than non-resilient children (Parker *et al.* 1990; Magnus *et al.* 1999).

## THE ORIGINS OF EMPATHY-RELATED RESPONDING

Individual differences in empathy-related responding appear to be affected by both heredity and the social environment, and also, perhaps, the interaction between the two.

### Heredity

Researchers using behavioural genetics twin studies generally have found evidence of both shared genetic and shared environmental effects (as well as nonshared environmental effects) for children's observed empathic concern towards someone in pain or distress, at least early in life (e.g. Knafo *et al.* 2008), albeit not for empathy/sympathy assessed in some contexts (Knafo *et al.* 2009; see Eisenberg *et al.* 2006). Shared environmental effects have been found to decrease from the first year or two of life into the preschool years (Knafo *et al.* 2008), whereas genetic effects appear to increase. Heredity also appears to contribute to the continuity of individual differences in empathy-related responding, although Knafo and colleagues (*ibid.*) reported that new genetic effects emerged at twenty to thirty-six months. It seems likely that the effects of heredity on empathy/sympathy are partly through effects on people's temperament, including their susceptibility to negative emotion and their ability to regulate their emotion when it is arousing and likely to turn into personal distress (see Eisenberg 2010 for a review of research on the relation of temperamental regulation to children's empathy/sympathy).

Individual differences in empathy-related responding may be at least partly mediated by aspects of physiological functioning that have a genetic basis. For example, the neurohormone oxytocin appears to play a role in empathic responding and nurturing behaviour (see Feldman 2012). In addition, with development, empathic responding seems to shift from being mediated by the amygdala, insula and medial aspect of the orbitofrontal cortex to the ventromedial prefrontal cortex, a part of the brain involved in executive control and evaluation of emotional processing (Decety *et al.* 2011). As discussed in detail elsewhere, individual differences in executive functioning and self-regulation more generally are associated with higher levels of sympathy and less personal distress (Eisenberg *et al.* 1994, 1996; Eisenberg 2010). Thus, individual differences in prefrontal cortex processes relevant to self-regulatory processes probably affect empathy-related responding through their role in self-regulation. Although some have argued that mirror neurons (neurons that fire in response to the perception of another's action and when the same action is performed by the individual) play a major role in empathy (Rizzolatti & Craighero 2004), a number of neuroscientists have challenged this assertion (e.g. Blair 2011; Decety 2011).

### Socialization

Although heredity plays a role in empathy-related responding, quality of relationships with socializing adults and socialization experiences also appear to contribute to individual differences in empathy-related responding (see Eisenberg *et al.* 2006). Children who have secure attachment relationships with parents are thought to be eager to please their parents, which may facilitate parents' attempts to socialize empathy and sympathy (Waters *et al.* 1986). In addition, securely attached children are thought to develop connections to others – which may result in high empathy and prosocial behaviour (Staub



1992). Empirical research has supported these ideas; children and adolescents with secure attachment relationships tend to display relatively high empathic concern and to behave prosocially (van der Mark *et al.* 2002; Laible *et al.* 2004; Padilla-Walker & Christensen 2011). Panfile and Laible (2012) found that the relation between attachment quality and empathy was mediated by children's regulatory abilities.

Moreover, maternal responsiveness (i.e. appropriate, contingent, sensitive responding) has been positively related to children's empathic responses (Kiang *et al.* 2004; Davidov & Grusec 2006; Moreno *et al.* 2008). For instance, Spinrad and Stifter (2006) found that maternal sensitivity when infants were ten months of age predicted toddlers' later concerned awareness (i.e. sympathy reactions) to adults' feigned distress. In a longitudinal study, Feldman (2007a, 2007b) found that infant–mother synchrony (i.e. in which mothers are attuned to their infants' needs) in the first year of life predicted empathy in adolescence. Parental warmth, a similar construct to maternal responsiveness, has also been shown to be positively related to children's empathy or sympathy (Zhou *et al.* 2002; Carlo *et al.* 2011).

Much of the work on parental socialization of empathy and its related responding has focused on parental disciplinary practices. Hoffman (2000) suggested that harsh parental assertive control may overly arouse children and interfere with their internalization of values (such as empathy). In turn, these strategies may ultimately result in children experiencing self-focused/distress reactions to others' distress or needs. On the other hand, when parents are constructive or use reasoning with their children, children are better able to pay attention to and process information, but do not become overly aroused.

For the most part, harsh control and authoritarian parenting have been negatively related to sympathy/empathy and prosocial behaviour (Krevans & Gibbs 1996; Hastings *et al.* 2000). In recent work, Garner (2012) demonstrated that maternal power assertion in preschool was associated with low empathy in the school years. Additionally, parents' use of corporal punishment during childhood has been linked to low empathy in a sample of undergraduate students (Lopez *et al.* 2001). In contrast to harsh control, inductive practices, which include parents' use of reasoning and an emphasis on perspective-taking, have been positively associated with children's empathy and sympathy (Janssens & Gerris 1992; Krevans & Gibbs 1996; Laible *et al.* 2008; see Eisenberg *et al.* 2006).

Parents' behaviours that socialize children's emotions also have been related to children's empathy-related responding. For example, Michalik and colleagues (2007) found that parental positive expressivity was related to higher sympathy in both elementary school age and adolescence. On the other hand, researchers have found parents' hostile expressions of emotion to be related to children's higher personal distress reactions and lower sympathy/empathy (Spinrad *et al.* 1999; Michalik *et al.* 2007).

Moreover, parental labelling and discussion of emotion has received some, albeit limited, attention and has been related to children's empathy. For example, when parents frequently discuss the causes and consequences of emotion, children tend to display high levels of empathy-related response (Denham & Grout 1992). Mothers' directives to label emotions also have been positively associated with toddlers' expressed emotional concern for others (Garner 2003).

It is also noteworthy that socializers other than parents may play important roles in the development of children's empathy-related responding. For instance, secure attachment relationships with teachers and peers have been linked to high levels of empathy in adolescents (Laible *et al.* 2004). In addition, Tucker *et al.* (1999) found that older female

siblings' (ages 10 to 12) empathy was positively related to their younger sisters' (2 to 3 years younger) empathy. Thus, it is possible that younger sisters may model their older sisters, although the direction of effects is unknown. More research examining the impact of other socializers and contexts (e.g. grandparents, school, after-school programmes) is needed. There is also a need to understand potential bidirectional relations between parenting and children's empathy; that is, children who experience more sympathy may promote more warmth from parents over time (see Carlo *et al.* 2011).

## CONCLUSIONS

In conclusion, children high in sympathy or sometimes empathy tend to be prosocial, high in mature and other-oriented moral reasoning, and low in aggression (except, perhaps, for adolescent boys). Moreover, they tend to be well liked, behave in socially appropriate manners and demonstrate higher levels of social competence and social skills. However, it is also possible that empathy and sympathy affect the quality of social interactions, in that children with higher-quality social interactions have more chances to develop empathy-related responses. Furthermore, the associations could be due to other processes or mechanisms that affect both empathy-related responses and social competence (e.g. perspective-taking skills, self-regulation).

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