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RESEARCH ARTICLE

On the Role of Empathy in Child Development and Psychotherapy: What is Empathy and How Does it Help?

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ABSTRACT

In this article, I will present a contemporary understanding of the nature of empathy and the importance of empathy in successful psychotherapy with children. This perspective highlights the intrinsic relationship of empathy and affect. I will consider how the child therapist's empathy is expressed and offer a specific hypothesis on the therapeutic efficacy of empathic understanding in clinical work with children. Finally, I will discuss how the experience of empathic understanding is beneficial in the emotional life of the child and in all human relationships, throughout life.

Introduction

No concept is more central to the practice of psychotherapy than empathy, and no concept is perhaps more widely misunderstood. The importance of empathy is universally acknowledged, at least as an essential precondition, for all effective psychotherapy, including psychotherapy with children. In recent years, however, clinical and theoretical interest in empathy (with some exceptions)[1-3] appears to have waned. Contemporary psychoanalytic child therapists have focused attention on processes related to empathy (for example, mentalization and reflective functioning,[4,5] recognition and intersubjectivity,[6] or insightfulness,[7] but tend to eschew empathy as an organizing theoretical concept. Empathy also plays a small role in the theory and technique of behavioral and cognitive-behavioral approaches to child therapy.

I believe this trend is unfortunate. The art of empathic listening remains our most fundamental clinical skill and, in my opinion, our most effective therapeutic "technique." In this article, I will present a contemporary understanding of the nature of empathy and the importance of empathy in successful psychotherapy with children. I will also discuss the importance of empathy beyond the therapeutic setting. Empathy is an essential nutrient of psychological health in childhood and a basic human need, necessary for caring and compassionate relationships throughout life.

What Is Empathy?

In both everyday usage and in clinical practice, empathy is understood as a distinctive emotional–cognitive attitude towards others – an attitude or process in which we make a sustained effort to put aside our own perspective and needs in order to understand the subjective experience of another person. The empathic attitude is characterized, especially, by a conscious effort to suspend criticism or judgment.

Eisenberg,[8] who provides an excellent concise review, defines empathy as "an affective response that stems from the apprehension or comprehension of another's emotional state or condition and that is identical or very similar to what the other person is feeling or would be expected to feel." Eisenberg adds, as do many others, in order to distinguish empathy from emotional contagion, that "empathy requires at least some differentiation of one's own and another's emotional state or condition." Infants and very young children, therefore, experience emotional contagion but not empathy.

Freud[9] wrote that empathy is "the mechanism by means of which we are enabled to take up any attitude at all toward another mental life." Heinz Kohut[10] understood empathy in a similar sense. Kohut defined empathy as a mode of observation through which we learn about another person's psychological life. In this most important sense, it is only through empathy that our perception or understanding becomes *psychological*. Carl Rogers[11] presented an influential definition of therapeutic empathy. Rogers wrote, "the state of empathy, or being empathic, is to perceive the internal state of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person but without ever losing the 'as if' condition."

Baron-Cohen[12] has argued that empathy is a fundamental mode of cognition – of perception, information processing, and imagination - that has evolved for the perception of affect. He notes that empathic cognition is required for the perception of affect and not required for processing non-affective information. Baron-Cohen distinguishes *empathic* cognition from what he calls *systemizing* cognition. Systemizing thought is "the drive to build and understand systems, including logical, scientific, and mathematical thought, broadly understood." Systemizing cognition attempts to construct predictable, logical relationships; to understand the rules that govern the behavior of objects; to figure out "how things work." Emotions, however, can rarely be understood in this way - the inputs we need to understand emotions (for example, facial and vocal expressiveness) are too simultaneous and too complex to be efficiently processed by the systemizing mode of thought.

Empathic responses to others are likely to have evolved to allow mothers (and other caregivers[13]) to perceive and respond to a child's distress, in order to provide appropriate care for infants and children and ensure their survival.[14,15] Empathy also acts as an instinctive inhibitory mechanism on aggression, on the inclination to cause pain or injury.[16]

How Empathy is Expressed in Psychotherapy

Most discussions of clinical empathy focus on a therapist's intentional use of empathy. And it is true, therapeutic empathy often depends on this conscious effort. Our effort to remain empathic,

even when faced with a patient's stubborn or self-defeating behavior, is, to a great extent, what makes us therapists. This understanding of empathy, however, is too narrow and obscures the ever-present role of empathy, both in clinical interactions and in everyday life.

The daily practice of psychotherapy, especially therapy with children and adolescents, reminds us that empathy is deeply intrinsic and continuously present in therapeutic interactions. Empathy is more than a way of establishing rapport with children (although it is that). Empathy is more than helping children feel better (although it also does that). Empathy guides the entire therapeutic process, beginning with our first encounter with a child or adolescent in our waiting room.

Every time we consider how a child will feel if we speak or act in a particular way and then adjust what we say or how we say it, our behavior has been influenced by empathy. More generally, everything we do that takes into account our anticipation of how another person is likely to feel - what they will be interested in, what will make them smile or feel comforted, the stories or metaphors they will enjoy and find meaningful - we have been informed by empathy.

Why do I speak with animation and excitement to one child and more quietly to another? These alterations in the way that we speak (for example, when we slow the rate of our speech when talking with someone who is not fluent in our language) are also expressions of empathy, and dialogue without them is often jarring. As a general principle, I would suggest that empathy is expressed whenever, in any relationship or interpersonal interaction, whether brief or extended over a long period of time, *we allow someone else's feelings to influence us.*

From this perspective, every moment of therapeutic interaction is a moment of choice, guided by empathy. Chorpita and Daleiden,[17] drawing on an analogy from computer science, have introduced a helpful distinction between the "design-time" aspects of therapy (for example, the guidelines and procedures that therapists are asked to follow) and the "run-time" controls - the adjustments and improvisations necessary to deal with unanticipated events that routinely happen in the course of therapy (and sometimes threaten the continuation of treatment). Chorpita and Daleiden suggest that theoretical models give therapists the equivalent of a paper map to the therapy process, when what we really need is a GPS. Empathy is our therapeutic GPS. Empathy informs us when we have taken a wrong turn or subtly gone off course.

The Therapeutic Function of Empathy

I would now like to turn to the question of how empathy helps, both in psychotherapy and in optimal emotional development. In previous publications,[18,19] I have presented a specific theory of the therapeutic function of empathy in psychotherapy with children and adolescents. My clinical hypothesis is that each expression of a therapist's empathy - in any form, whether spoken or unspoken, consciously formulated or unconsciously enacted - arrests the spread of potentially malignant psychological events.

When we are able to convey to a child or adolescent that her needs, feelings, concerns, and grievances have been heard and understood, these expressions of empathy begin to arrest malignant emotional processes. In moments of empathic understanding, anger subsides, and feelings of sadness and shame are attenuated. Expressions of empathy reduce a child's feeling of aloneness and emotional pain. Each accurate communication of empathic understanding also leads to some decrease in the qualities of urgency and inflexibility that are characteristic of pathological emotional states. With our empathy, we also convey that understanding is possible and, in this way, mitigate some of the demoralization that is almost always present in patients seeking psychotherapy.[20]

This therapeutic benefit of empathy is sometimes immediate and visible; at other times, it is subtle or unnoticed, evident, perhaps only in a momentary relaxation of a patient's defensiveness. Conversely, the expectation of a non-empathic response immediately and instinctively strengthens self-protective mechanisms – for example, attitudes of defensiveness, secretiveness, and withdrawal.

Consider our experience, as adults, when we feel that we are not being heard. Our voices get louder, more insistent, and more certain. We may become self-righteous. We may also become discouraged, pessimistic, or cynical. This interpersonal process, recognizable to all of us, is especially common in unhealthy relationships, for example, in troubled marriages and in angry parent-child interactions.

I can still recall a therapy session, more than two decades ago, with a divorced father and his 8-year-old son. During a weekend visit, the father had punished his son for hitting his younger brother;

the son was now protesting the unfairness of his punishment. In these situations, many parents will acknowledge a child's point of view and then still insist on a brief punishment. This father, however, remained unmoved. His son's increasingly desperate, tearful pleas did not influence him in any visible way. He did not offer any accommodation to soften his son's feeling of injustice, even a brief acknowledgement that, "I know your brother can sometimes be annoying to you" or "I know that brothers often argue and fight." A simple statement of this kind would have made a big difference and softened the boy's anger and defiance. In this unhealthy emotional context, anger and resentment build up. If repeated frequently, these interactions lead to increasing stubbornness, resentment, and defiant attitudes, whether expressed overtly or covertly, now or later.

Empathy and Emotional Maturity

In contrast, experiences of empathic understanding open a pathway toward emotional maturity. In moments when a child feels that we have listened - that her feelings, ideas, and concerns have been acknowledged and understood - she becomes more open to educative and socializing influences, to compromise and problem solving. In her behavior, we will see less argument and less withdrawal. In this way, empathic understanding facilitates a fulcrum shift in emotional development – a movement *away* from urgent and insistent demands and *toward* tolerance for disappointments and frustrations, and acceptance of personal responsibility.

Of course, children do not suddenly let go of stubborn and defiant attitudes. Most children and adolescents referred for therapy have developed attitudes and behaviors, habits of avoidance or unreasonable demands, that need to be challenged. When discouragement or defiance has become deeply embedded in a child's thought and behavior, empathy is not enough. Expressions of empathy need to be followed by encouragement and problem solving, by repair of family relationships, and by practical plans for improved emotion and behavior regulation.

Many social trends in modern American society and the world – the prevalence of electronic media, the decline of social organizations and community involvement, intense pressures for competition and achievement, and decreased time for dialogue between parents and children - have eroded opportunities for children to experience empathy in their everyday lives. Our work as child and adolescent therapists has therefore become more urgently needed. In my clinical experience, when we are able to communicate empathic understanding to children - and, especially, when we are able to promote improved empathic understanding between parents and their children - we have achieved an important therapeutic result, more profound and more lasting, I believe, than we are able to achieve in any other way.

Emotional Empathy, Cognitive Empathy, and Compassion

The importance of empathy in human relationships has recently been questioned. In a provocative book, psychologist Paul Bloom[21] challenges the conventional wisdom that "the problems we face as a society and as individuals are …due to a lack of empathy." He argues, instead, that, "they are often due to too much of it." Although Bloom acknowledges some benefits of empathy, he concludes that, "on balance, empathy is a negative in human affairs."

I believe that Bloom's understanding of empathy is based on several fallacies. An examination of the reasoning that leads Bloom to his surprising conclusions will help clarify several important issues - the nature of empathy, the relationship of emotion and reason, and the scope of empathy in human interactions. Most critically, Bloom fails to appreciate the vital importance of empathy in healthy child development.[22]

Bloom's central concern is that empathy is a poor guide to moral conduct. Bloom values compassion, warmth, kindness, and altruism in human relationships. He believes, however, that these qualities do not require empathy and are often impeded by it. As an alternative to empathy, Bloom recommends "reasoned compassion." He argues for the primacy of conscious, deliberative reasoning in moral judgments and everyday life. Especially when faced with moral choices, Bloom wants us to think more and feel less.

Bloom argues that emotional empathy (*feeling* what someone else is feeling) is distinct from cognitive empathy (knowing, but not feeling, how someone else feels)[23] and that these experiences emerge from different neurological systems. He also believes that empathy is different from compassion, and that empathy impedes utilitarian, cost-benefit analysis. These premises, however, do not hold up to careful analysis.

Russian Dolls and A Continuum of Empathic Resonance

Douglas Watt[24] and Frans De Waal[25] offer alternative perspectives on the role of emotion and cognition in empathy. In a review of the neuroscience of empathy, Watt argues that empathy is "a complex affective-cognitive amalgam," best understood as a continuum of experiences that vary in the degree of cognition involved. At one end are emotional contagion and affective resonance (for example, when we wince at seeing someone in pain or cry in response to the sadness or joy of others); at the other end are more highly cognized forms of empathy (for example, theory of mind and cognitive perspective taking).

De Waal reports extensive evidence, both anecdotal and experimental, for empathy and related social behaviors in non-human animals. He offers the hypothesis that empathy begins with unconscious motor mimicry, emotional contagion, and the perception of pain in others. "This is…where empathy and sympathy start – not in the higher regions of imagination, or in the ability to consciously reconstruct how we would feel if we were in someone else's situation. It began much simpler, with the synchronization of bodies: running when others run, laughing when others laugh, crying when others cry, yawning when others yawn."

De Waal suggests that the emotional and cognitive components of empathy are multi-layered. He compares human empathy to a Russian doll, with an ancient inner core of state-matching, overlaid by a layer of concern for others, and then a still more recent layer of perspective-taking. He explains that "evolution added layer after layer, until our ancestors not only felt, but understood what others might want or need."

The layered and continuum concepts of empathy have an important advantage over the separate systems theory. Watt notes that a clear-cut distinction between cognitive empathy and emotional empathy does not correspond to everyday experience. In daily life, empathy typically involves both cognitive understanding and affective resonance.

In clinical work with children, a therapist's empathic feelings may be direct and immediate, for example, when a child talks about being bullied, or about the loss of a pet, or about a feeling of embarrassment or pride. At other times, empathy requires a deliberate (and often difficult) effort to suspend judgment and understand a child's point of view, for example, when her behavior has been hurtful to others. All of these experiences, however, are recognizable as empathy, just as we recognize navy and azure as gradations of the color blue.[26]

Why Do We Care?

Bloom presents a similar distinction between empathy and compassion. He argues that common, everyday kindness as well as uncommon, extraordinary altruistic behaviors do not require empathy. Kindness and altruism may be based, for example, on a religious or philosophical principle - principles that tell us, out of the realm of possible actions, the right thing to do.

This analysis, however, leaves an unanswered question: What is the origin, in both evolution and individual development, of caring and compassion? De Waal's evolutionary theory provides an answer: compassion and kindness are derived from empathy. Without empathy, an infant's cry is just an aversive sound; with empathy, it is a cry of distress. When our thoughts and feelings are influenced by empathy, we will regard a homeless person on the street as a person in need; without empathy, the same person is a nuisance or a blight. When influenced by empathy, an immigrant or refugee is a person in need; without (or with less) empathy, the same person is a risk or a burden.

From this perspective, compassion can be understood as a complex form of empathy, just as other emotions have simple and complex forms. The emotion of pride, for example, is generally thought to have evolved from displays of dominance and shame from signals of submission[27-29]; sadness is likely to have evolved as a signal of separation distress; anger may have evolved in mammals from the vigorous actions necessary to help captured prey escape the grasp of predators.[30] In modern life, each of these emotions now has have many variants and gradations in our subjective experience. Annoyance and rage are variants of anger; disappointment and grief are mild and severe forms of sadness; embarrassment and humiliation are different experiences of shame.[31, 32]

Empathy and Optimal Child Development: Molecules of Emotional Health

Bloom's case against empathy is deficient in one additional, critical respect. Bloom does not take into account the essential role of empathy in healthy

child development. For the developing child, empathy is more than an emotional response to the feelings of others. Empathy is *a basic emotional need* and an essential nutrient of children's emotional health. A child's need for empathy is as basic and necessary as her need for touch.

Expressions of empathy are ubiquitous in parents' daily interactions with their children. Parental empathy is present not only when we comfort a crying child. Empathy is also present in our playfulness, when we feel a child's pleasure and have fun with her; when we respond with animated interest to children's expressions of curiosity and interest, and with enthusiasm to their enthusiasm; and when we return their smiles with smiles of our own.

These normal empathic responses confer profound benefits for a child's present and future emotional health. In the life of the developing child, moments of empathy are molecules of emotional health. Empathy is how children feel known and understood. For children - and for all of us, throughout life - our confident expectation of an empathic response from others promotes a different orientation toward life and human relationships, an orientation characterized by openness and resilience.

Not/But Reasoning

I would like to add a final comment on the construction of argument in Bloom's analysis that is important for understanding the role of empathy in our everyday lives and also has general relevance for psychological theory. In presenting his case against empathy, Bloom routinely falls into the trap of "not/but" grammar. He argues, for example, that doctors and therapists need "*not* empathy, *but* calmness and confidence"; that kindness in our everyday interactions requires *not* empathy *but* the capacities of self-control and intelligence, and a more diffuse compassion; that moral decisions require *not* empathy, *but* cost-benefit analysis; that we should use our heads, not our hearts. This writing style is perhaps defensible when used for occasional rhetorical effect. Not/but arguments, however, rarely advance our understanding of any complex psychological problem.

The relationship of empathy and intelligence, reason, calmness, and self-control is not a U-Tube, where more of one necessarily leads to less of another. A doctor (or therapist or parent) can (and should) be empathic and calm; empathic and objective. The best doctors, therapists, and parents (and our best policy makers) are both. Parents can feel empathy for a child's distress and still say no.

Conclusion

I would offer the following summary and conclusions about the nature of empathy and the importance of empathy in psychotherapy with children and optimal child development. Empathy likely evolved in humans and other mammals for the perception of affect, especially the distress of infants, allowing caregivers to provide appropriate care for infants and children. Empathy is expressed in human relationships in many ways - in statements of understanding and in subtle adjustments to another person's emotional state. As a general principle, empathy is expressed in any relationship or interaction when we allow someone else's feelings to influence us. As with all emotions, empathy influences, but does not determine, our behavior. In almost every instance, empathic concerns are modified by cost-benefit analysis and competing concerns.

In therapy with children, a therapist's expressions of empathy arrest the spread of malignant emotional processes and reduce a child's reliance on maladaptive self-protective mechanisms, for example, attitudes of defensiveness, secretiveness, and withdrawal. Empathic understanding facilitates a fulcrum shift in a child's emotional development – a movement away from urgent and insistent demands and toward tolerance for disappointments and frustrations, and acceptance of personal responsibility. Perhaps most importantly, empathy is a basic human need, necessary for healthy emotional development in childhood and successful interpersonal relationships throughout life. In all aspects of our lives - as children, parents, and in our attitudes toward strangers - we are not better off without empathy. On the contrary, empathy enriches us, immeasurably.

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