

The phenomenon of empathy and sympathy

Empathy and sympathy appear to develop early in life. In the first days of life, infants cry in reaction to the cries of other infants – a behavior that, it has been suggested, is a precursor to empathic responding (although others question whether this is true). Although 6- to 12-month-olds show little reaction to the distress of others, between 12 to 18 months of age many children react with agitation or sustained attention. By 18 months of age, children sometimes try to comfort others in distress, and it appears that some children’s prosocial actions are based on empathic reactions. With increasing age, as children can better differentiate their own internal states from those of others, children appear to be capable of experiencing sympathy for another person rather than merely vicariously sharing another’s negative emotion. Thus, by 2 to 3 years of age, it is not uncommon for a child to demonstrate behaviors that seem to reflect genuine sympathy.

Nonetheless, by age 4 to 5, it appears that children experience both sympathy and personal distress, and that the former, but not the latter, is positively associated with children’s willingness to assist others. There is debate regarding the degree to which biological versus environmental factors influence individual differences in children’s and adults’ empathy and sympathy. In studies of twins’ self-reports of empathy, there is some evidence that genetic factors may account for a considerable degree of variance in empathy. Socialization clearly influences individual differences in vicarious emotional responding. Research on the socialization of empathy and sympathy clearly suggests an association between children’s vicarious responding and both parental empathy/sympathy and parents’ child-rearing practices [3]. Children’s empathy has been associated with quality of the mother–child attachment early in life and supportive parenting, although the findings are not always consistent. In addition, parents’ reported sympathy and perspective taking have been positively correlated with same-sex elementary school chil-

dren's sympathy and negatively correlated with their personal distress reactions (Eisenberg et al., 1992). Supportive, empathic caretakers are likely to model and encourage the capacity for empathy in children, although parental warmth by itself may be insufficient to foster empathy in children (Janssens & Gerris, 1992). Indeed, practices that involve some discipline or restrictiveness may facilitate the development of empathy (Janssens & Gerris, 1992) [1].

Parents may also subtly model or communicate acceptance of a variety of emotional responses through their own expressivity or their acceptance of others' emotional responses in everyday life. In homes where submissive (i.e., nonassertive) negative emotions such as sympathy and apologizing are expressed frequently, children would be expected to learn to express empathy and sympathy and to be relatively uninhibited in doing so [2].

In conclusion, it appears that individual differences in empathy and related vicarious emotional responses are likely to be due to both biological and environmental factors. Recently it has been argued that sympathetic individuals tend to be relatively emotionally reactive but are able to regulate their vicariously induced emotion; in contrast, individuals prone to personal distress may be both emotionally reactive and relatively unable to regulate their emotional responses.

Библиографический список

1. Janssens J., & Gerris J. Child rearing, empathy and prosocial development. Amsterdam: Swets & Zeitlinger, 1992.
2. Agosta Lou. Empathy in the Context of Philosophy. London: Palgrave, 2010.
3. Empathy doesn't have to be intuitive to be real. URL: <http://theconversation.com/empathy-doesnt-have-to-be-intuitive-to-be-real-27494> (Дата обращения 02.03.2015).