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Review

Empathy from infancy to adolescence: An attachment perspective on the development of individual differences

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ABSTRACT

Empathy involves understanding and “feeling with” others’ emotions, and is an essential capacity underlying sensitive care in humans and other species. Evidence suggests that the roots of empathy appear early in ontogeny, and that individual differences in empathy bear meaningfully on children’s social behavior and relationships throughout development. Here we draw upon attachment theory to provide a conceptual model of how attachment may contribute to individual differences in empathic development, with a focus on mediating mechanisms and moderators at multiple levels of analysis. We then review the research on attachment-related differences in empathy from infancy through adolescence. Given the theoretical predictions, empirical findings are surprisingly mixed and appear to depend on contextual, methodological, and developmental factors. We discuss potential explanations for the equivocal findings and highlight key areas for further investigation, including the need for longitudinal designs and multimethod assessment that captures the multiple dimensions of empathy in childhood.

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Introduction

Empathy is the capacity to comprehend the minds of others, to feel emotions outside our own, and to respond with concern, kindness, and care to others’ suffering. It is a relational construct, an experience of self “feeling with” another that allows bonds to be woven from the fabric of shared pain. Its centrality in the formation and maintenance of social bonds is implicated in its phylogenetic history: Empathy is thought to have evolved out of the mammalian caregiving system to promote adaptive responses to the needs of kin, as well as to promote cooperation and resource sharing among group members (de Waal, 2008, 2012; Decety, Norman, Berntson, & Cacioppo, 2012; MacLean, 1985; Preston, 2013; Preston & de Waal, 2002; Taylor, 2002). Indeed, research in primates (Clay & de Waal, 2013; de Waal, 2008, 2012), rodents (Bartal, Decety, & Mason, 2011; Bartal, Rodgers, Sarria, Decety, & Mason, 2014; Mogil, 2012; Panksepp & Lahvis, 2011), and other mammals (e.g., Custance & Mayer, 2012) suggests that the capacity to understand others’ intentions and to resonate with others’ emotions underlies social interaction in a variety of animal species (Panksepp & Panksepp, 2013). In humans, this faculty has expanded beyond the immediate circle of one’s kinship group, allowing us to care for the well-being of strangers, out-group members, and even those we never encounter in person; stories of earthquake victims and displaced refugees move us, even in the absence of a face-to-face encounter (Stone, 2006).

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Although the broad capacity to empathize is considered nearly universal, individual differences in the ability and tendency to do so have significant implications for social functioning across development (Eisenberg, 2000; Eisenberg, Spinrad, & Knafo-Noam, 2015). In childhood, low empathy is associated with poor peer relationships, hostility, and bullying (e.g., Findlay, Girardi, & Coplan, 2006; Mayberry & Espelage, 2007; Miller & Eisenberg, 1988). In adolescence, low empathy manifests in aggression and antisocial behavior (e.g., Cohen & Strayer, 1996; Lovett & Sheffield, 2007). In adulthood, this deficit is associated with child abuse, violence, and psychopathy (e.g., Blair, 2005; Jolliffe & Farrington, 2004; Rodriguez, 2013). Conversely, greater empathy is associated with social competence and prosocial behavior across the lifespan; among children and adults alike, more empathic individuals are more likely to share resources, to provide help to those in need, and to care for others in distress (e.g., Barnett, 1987; Batson, Duncan, Ackerman, Buckley, & Birch, 1981; Eisenberg & Miller, 1987; Maibom, 2012; Sze, Gyurak, Goodkind, & Levenson, 2012; see Williams, O'Driscoll, & Moore, 2014, for evidence of a causal link between empathy and prosocial behavior in children). More broadly, individual variation in empathy contributes significantly to the degree to which we can build a kind, safe, and compassionate society (de Waal, 2009; Greenberg & Turksma, 2015; Lobel, 2014; Nhat Hanh, 2014; Rifkin, 2009). As Greenberg and Turksma assert, “empathy and compassion are core dimensions of human nature that can be nurtured. Further, when nurtured they will enhance one’s personal growth and health as well as the health and wellbeing of others and the quality of the natural, physical environment” (2015, p. 280).

If empathy represents a “core dimension of human nature,” within which individual differences bear significantly on the aggressiveness or kindness of our society, then it is important to understand how these differences emerge across development. As with most developmental processes, individual differences in empathy result from the complex interweaving of a child’s biological predisposition and environment (Knafo, Zahn-Waxler, van Hulle, Robinson, & Rhee, 2008). Behavioral genetics studies estimate that empathy is moderately heritable, with the majority of variance accounted for by shared and nonshared environmental influences (e.g., Knafo et al., 2008; Zahn-Waxler, Schiro, Robinson, Emde, & Schmitz, 2001). In particular, theories of empathic development have emphasized the role of *parenting* (e.g., Hoffman, 1975, 2001). From a socialization perspective, children’s empathy may be seen as a product of specific parenting behaviors such as authoritative, gentle discipline, inductive reasoning, and sensitive responding to children’s distress (e.g., Hastings, Utendale, & Sullivan, 2007; Hoffman, 1963; Krevans & Gibbs, 1996; Taylor, Eisenberg, & Spinrad, 2015; Zahn-Waxler, Radke-Yarrow, & King, 1979).

One additional perspective that may be useful in understanding the role of parents in children’s empathic development is *attachment theory* (Bowlby, 1969/1982, 1973, 1980). Attachment theory is an evolutionary-based theory that offers a rich relational framework for understanding the development of individual differences in social functioning and care for others, contextualizing the social behavior of humans as well as other species. In humans, the theory points to specific mechanisms by which the quality of a child’s attachment might contribute to empathy; specifically, the theory predicts that secure attachment shapes children’s (a) cognitive models of relationships, (b) emotion regulation capacities, and (c) physiology in ways that support children’s capacity to care for others. Finally, attachment theory provides a framework for understanding parenting behaviors that underlie the development of healthy relationships: Like some models of socialization (e.g., Davidov & Grusec, 2006; Eisenberg, Fabes, & Murphy, 1996), it focuses parents’ *sensitive responses to children’s distress* as a key antecedent to children’s healthy social and emotional development.

The purpose of the present paper is to provide the first comprehensive theoretical and empirical review of the development of individual differences in empathy from an attachment perspective. We begin with brief overview of attachment theory to provide a foundation for exploring the relation between secure attachment and empathy, discuss potential mediating mechanisms, and present a theoretical model of empathic development. We then review the empirical literature on the link between attachment and empathy from infancy to adolescence. In light of the literature reviewed, we identify gaps in our current understanding of the attachment–empathy link and highlight key areas for further investigation.

Issues of definition and measurement

Before exploring the theoretical basis for this link, it is important to provide a scientific definition of empathy, which historically has been much debated (see Duan & Hill, 1996). The original German term *Einfühlung* is literally translated to mean “feeling into” (Wispé, 1986), reflecting the automatic resonance that occurs when we project ourselves into those we observe (Lipps, 1903). In addition to sharing in others’ affective states, social psychologists have conceptualized empathy as involving feelings of tenderness and concern for others’ welfare that arise in response to witnessing their suffering (Batson, Fultz, & Schoenrade, 1987). Developmentalists, too, have viewed empathy primarily as an emotional state (Hoffman, 1975); Eisenberg and Strayer (1990) define it as “an emotional response that stems from another’s emotional state or condition and that is congruent with the other’s emotional state or situation” (p. 5). In contrast, personality researchers conceive of empathy as a relatively stable, *trait*-like capacity, involving both emotional identification and cognitive perspective taking, and associated with other dispositional factors such as agreeableness (Costa et al., 2014; Davis, 1980, 1983; Graziano & Eisenberg, 1997; Leiber & Anders, 2006). Recent perspectives clarify the three components of empathy that are common across these approaches and supported by evolutionary and neurodevelopmental theory: (a) emotion sharing, (b) cognitive understanding or perspective taking, and (c) empathic concern for other’s welfare (Decety, 2015; see Decety & Meyer, 2008).

Thus, empathy is a complex and multidimensional construct, involving cognitive, emotional, and motivational components (Davis, 1980; Decety, 2015). As with the study of any multidimensional internal state, the task of operationalization and measurement is complex. Different research traditions focus on different dimensions in their measurement of empathy

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