



Does personal distress enhance empathic interaction or block it?

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ABSTRACT

Personal distress, an index of emotional empathy, is a tendency to feel pain when exposed to the misfortune or suffering of others. However, it is doubtful whether measuring personal distress tendencies with a self-reporting scale is appropriate for measuring other-orienting empathic tendencies. Batson (1991) argued that personal distress had an aversive self-focused attribute; therefore, in this study, we administered a series of correlational studies to identify the nature of personal distress more clearly. In Study 1, using data from 169 online university students, we found that personal distress was positively related to self-focused ruminative coping and dysfunctional self-focus. In Study 2, using data from 432 participants, we found that personal distress was highly correlated with neuroticism and negatively correlated with extroversion, agreeableness, conscientiousness, and openness to experience. However, other measures of emotional empathy—empathic concern and empathic responding—showed an opposite correlation pattern. In Study 3, using data from 145 participants, we found that personal distress was positively correlated with depression, self-criticism, and negative self-concept. However, empathic concern and empathic responding showed the opposite pattern again. These results suggest that personal distress represents the negative side of emotional empathy and could block empathic interaction instead of enhancing it.

1. Introduction

Empathy has been defined as the ability to understand others' emotion and/or perspectives and, often, to resonate with others' emotional states (Eisenberg, Eggum, & Giunta, 2010). Traditionally, empathy is thought to be composed of both cognitive and emotional factors (Davis, 1980). That is, while cognitive empathy focuses on others' perspectives (Mead, 1934; Piaget, 1932), emotional empathy focuses on experiencing others' feelings vicariously and responding appropriately (Mehrabian & Epstein, 1972; Stotland, 1969). Researchers have stated that the emotional aspect is essential in empathy (Eisenberg et al., 2010; Spreng, McKinnon, Mar, & Levine, 2009). Cognitive empathy can be separated from emotional empathy since emotional vicarious experiences or responsiveness is possible without understanding why others feel such feelings. In other words, it is possible to feel and react to others even though we do not know why.

When studying empathy, we also need to distinguish trait empathy and state empathy. Trait empathy studies tend to focus on individual differences in empathic tendencies toward others. At this point, researchers often measure individual differences by separating cognitive and emotional empathy. Concerning cognitive empathy, it is common to evaluate perspective taking ability. However, when measuring the emotional aspect of empathy, the situation becomes more complicated.

For example, when making the Interpersonal Reactivity Index (IRI), Davis (1980) has proposed two emotion-related concepts of personal distress and empathic concern. While personal distress and empathic concern are both considered to represent emotional aspects of empathy, the meaning of the two concepts differs in detail. Personal distress means a tendency to feel pain or distress when seeing unhappy people. On the other hand, empathic concern is not only a vicarious experience of other people's feelings, but also a tendency to help and care for them. To explain the differences further, empathic concern is the willingness to care for and care about other people's grief, while personal distress is an uncomfortable or uneasy feeling about others' grief. Emphasizing those differences, some researchers do not consider empathic concern as a measure of emotional empathy (Decety & Yoder, 2016; Jordan, Amir, & Bloom, 2016). However, in this study, empathic concern was considered as emotional empathy, which followed Davis (1980)'s original proposal.

Other than these two variables, there could be another type of emotional empathy variable. For example, Spreng et al. (2009) mentioned about Empathic Responding, which refers to the tendency to respond to the emotions of others. Jordan et al. (2016) also attempted to measure emotional empathy with a new scale (not Davis' IRI). These novel attempts could be considered as overcoming the limitation of existing IRI subscales—empathic concern and personal distress—which

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do not accurately reflect emotional empathy. In this study, empathic concern and personal distress by Davis (1980) and empathic responding by Spreng et al. (2009) were used to measure emotional empathy. These three variables reflect emotional aspects of empathy; however, they are slightly different concerning details that researchers emphasize. Therefore, depending on what variable is selected, the interpretation of the results of empathy-related studies may be altered in diverse ways. For this reason, a chief focus of this study was the comparison between personal distress, empathic concern, and empathic responding.

We particularly focused on the personal distress variable for two reasons. First, it is related to the problem of measuring empathy. Davis (1980) included personal distress and empathic concern in the same emotional aspects of empathy while developing the IRI. However, many studies showed that personal distress and empathic concern are either irrelevant or sometimes negatively correlated each other. Eisenberg et al. (2010) distinguished between empathic concern (or sympathy) and personal distress; Empathic concern is positively correlated with pro-social behavior; however, personal distress is often not. The same is true of aggression; that is, empathic concern was negatively correlated with aggression (Eisenberg et al., 2010) while personal distress is positively correlated with aggression (Cohen & Strayer, 1996; Kim & Han, 2016).

The second reason to focus on personal distress is more fundamental. Since the IRI is widely used as a tool to measure empathy, personal distress is perceived as an emotional aspect of empathy. Therefore, high personal distress scores are often interpreted as high emotional empathy scores. However, is it empathic to become uncomfortable or uneasy when seeing others who are suffering? Perhaps it is also a question about the conceptualization of empathy. According to Batson (1991), personal distress may be a kind of follow-up reaction to empathy; however, it is difficult to interpret it as empathic tendency or empathic ability. Empathy is generally a concept of other-oriented attributes; however, personal distress is more self-focused (Batson, 1991; Eisenberg et al., 2010). Therefore, caution is needed in using personal distress as a measure of empathy.

There has already been some dispute about how appropriate it is to use personal distress as a measure of empathy. According to Alterman, McDermott, Cacciola, and Rutherford (2003), personal distress may be closer to neurotic tendencies and may not properly measure emotional empathy. They mentioned that only perspective taking and empathic concern among IRI subscales include the key elements of empathy. Baron-Cohen and Wheelwright (2004) noted that the Fantasy and personal distress subscales among IRI do not reflect empathy in an appropriate manner. Batson (1991) also claimed that personal distress is a self-focused and aversive emotional response. Decety and Lamm (2006) have argued that empathy and personal distress could be a separate concept. They explained that sharing other's emotion while keeping one's own boundary between oneself and others are essential to empathy. However, personal distress was a kind of over-arousal that resulted from the absence of boundaries between oneself and others.

We sought to verify Batson's (1991) opinion that personal distress is a self-focused variable. Although there has been much controversy over the characteristics of personal distress, no study has identified the characteristics of personal distress through data on the correlation between personal distress and self-focus. Decety and Lamm (2006) attempted a neurological explanation; however, they did not confirm it through correlational data. Therefore, we conducted a series of correlation studies by using self-reported measures. Study 1 examined the correlation between empathy and self-focus related variables, Study 2 examined the correlation between the Big 5 personality traits and empathy, and Study 3 examined the correlation between empathy and depression.

2. Study 1

Study 1 examined the correlation between IRI sub-dimensions including personal distress and the variables relating to self-focus. Davis' (1980) IRI is a widely used tool to measure temperamental empathy. Davis (1980) produced the IRI to measure both cognitive and emotional empathy. Among the four sub-dimensions of the IRI, perspective taking (IRI-PT) and fantasy (IRI-FT) measure cognitive aspects while empathic concern (IRI-EC) and personal distress (IRI-PD) measure emotional aspects.

Concerning self-focus, many studies about self-focus are rooted in the concept of self-consciousness (Fenigstein, Scheier, & Buss, 1975). Most researchers are interested in the increased self-consciousness paradox. Often it is easy to think that focusing on the inner side could be helpful for internal awareness or emotional processing; however, excessive self-consciousness leads to dysfunction, which interferes with awareness (Greenberg & Pyszczynski, 1986; Ingram, 1990; Pyszczynski & Greenberg, 1987; Smith & Greenberg, 1981; Trapnell & Campbell, 1999). Nolen-Hoeksema (1991) explained rumination of depressed people as a sort of dysfunctional self-focused coping, and demonstrated through numerous studies that rumination contributes to maintaining and strengthening depression (Lyubomirsky & Nolen-Hoeksema, 1993, 1995; Nolen-Hoeksema, 1991; Nolen-Hoeksema & Morrow, 1991). Rumination is also compared with reflection. Trapnell and Campbell (1999) found that adaptive reflection was related to intellectual curiosity; however, rumination, as a negative type of self-focus, was related to neuroticism, depression, and anxiety. Trapnell and Campbell (1999) explained that ruminative coping originated from the motivation to avoid negative emotion.

We can infer from Batson's (1991) and Decety and Lamm's (2006) explanation that someone who has strong personal distress will also have a strong motivation to avoid negative emotions. Therefore, we predicted a positive relationship between personal distress and ruminative coping. In addition, strong personal distress can also result in dysfunctional consequences as people excessively focus on themselves in everyday emotional situations. Ingram (1990) mentioned that self-focus would become dysfunctional when it is excessive, sustained, and inflexible. Kim and Lee (2012) developed a self-reporting questionnaire, the Dysfunctional Self-focus Attributes Scale (DSAS), which measures the degree of three dysfunctions of increased self-focus: lower focus control, lower clear awareness, and negatively biased focus. Consequently, we predicted that personal distress would be positively correlated with dysfunctional self-focus.

2.1. Method

2.1.1. Participants

Among students in a "Introduction to Psychology" course at one online university in Seoul, South Korea, 169 voluntarily completed the questionnaires. Of the 169 participants, there were 48 men (28.4%) and 121 women (71.6%). The mean age was 41.26 years (SD = 9.57) and ages ranged from 18 to 66 years.

2.1.2. Instruments

2.1.2.1. Interpersonal reactivity index (IRI). In this study, Davis' (1980) IRI was used to measure the tendency of temperamental empathy. Davis (1980) devised four sub-dimensions of IRI to construct the scale: IRI-PT, IRI-FT, IRI-EC, and IRI-PD. Sample items are, "I sometimes find it difficult to see things from the other guy's point of view" (IRI-PT); "I daydream and fantasize, with some regularity, about things that might happen to me" (IRI-FT); "I am often quite touched by things that I see happen" (IRI-EC); and "In emergency situations, I feel apprehensive and ill-at-ease" (IRI-PD). The IRI is a 5-point Likert scale, consisting of 7 questions for each sub-dimension (28 questions in total). Kang et al. (2009) reported that the internal consistency of Korean version of IRI was 0.80 and the test-retest reliability was 0.76. In this study, the

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