The Role of Empathy in Children’s Development

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Abstract
Empathy has traditionally been regarded as an overall positive trait in children within the psychological literature. In particular, it is known to promote prosocial behaviours that are beneficial to children’s development, such as sharing, agreeableness, and increased cooperation with others. At the same time, certain research also suggests that there exists a functional limit to the trait of empathy: that empathy is most adaptive at a moderate level, and that an excess of it, as well as a deficiency, can signal emotional imbalance and maladjusted development in children. By investigating the trait of empathy from multiple research standpoints, from social psychological experiments to psychobiological evidence, this critical review aims to portray a holistic account of the role of empathy in children’s development, and in arguing that empathy is a trait that is most functional in moderation, propose that it can act as a gauge of a child’s emotional, social, and psychological adjustment.

According to Hay (1994), empathy in children is defined as the ability to make interpretations of the beliefs, and motivations of others. Many researchers suggest that empathy is innate; even infants cry for longer durations if they hear another infant crying, suggesting possession of innate empathic abilities (Preyer, 1889). Research has also found that the presence of empathy promotes prosocial development in children. Children with prosocial tendencies (i.e., who are outgoing, empathetic, and sensitive towards others) tend to develop lower levels of aggression as they mature when compared to less prosocial children (Vivier, Pihl, Cote, & Tremblay, 2014). Moreover, children who are more empathetic have more social interactions, are better liked, and are set on a course that promotes psychological adjustment, in that they are more able to create, and maintain healthy social relationships (Vivier et al., 2014). Similarly, other studies have also documented instances in which prosocial behaviour—holding as true that prosocial tendencies reflect one’s empathic emotions—is linked with an easy-going temperament, increased sharing behaviours, higher agreeableness, increased cooperation with others, and higher competence in resolving interpersonal conflict (Hartup, Glazer, & Charlesworth, 1967; Jennings, 1975).

However, at the same time, there appears to be a functional limit to empathy in children; research also demonstrates a link between empathy and dysfunctional outcomes such as mental distress, and mood dysfunction (Vivier et al., 2014). For instance, children with anxiety issues are more likely to use prosocial actions to appeal to others and avoid possible conflict. Similarly, other findings demonstrate that excessive empathic reactions and prosocial behaviours may be a warning sign of a troubled home life, especially if the child is put into a role that requires a demanding amount of responsibility, care, and concern (Hay, 1994). Further research confirms that empathy appears to be a normative trait: a characteristic that is distributed along a continuum, with the mean indicative of a normal level of healthy empathic expression (Hoffman, 2000). Building upon these propositions, I argue that an excess of empathy may be just as detrimental to development as having an empathy deficit. By focusing on the studies mentioned above, I argue that there is a normative level of empathy and that children who fall outside of this range are at higher risk of developing dysfunctional emotional capacities.

Review and Discussion
Research has shown that excessive prosocial behaviour in children can be considered exceptional in relation to what is believed to be normative (Hay, 1994). Vivier et al. (2014) showed that children who have a moderate empathic range experience less anxiety and depression than children who possessed high levels of empathy.
These researchers propose that this finding stems from the fact that a moderate level of empathy promotes healthy mental functioning, whereas too much empathy can result in the child being overburdened with others’ negative emotions, making them more susceptible to depression, and overwhelming negative affect.

Similarly, in his review of the literature on empathy and altruism in children, Hay (1994) supports the notion that empathy in children is most functional when present within a normative range. She outlines the specific empathic behaviours that seem to develop at particular ages and claims that these behaviours can act as a gauge for a child’s overall social and emotional functioning. She describes this empathic trajectory from infancy, stating that all infants possess and display empathic behaviours. As a child ages, she argues that these generalized infantile empathic displays rapidly become specific behaviours based on the age, mental maturity, and the social norms that the child is raised under. For example, Levitt, Weber, Clark and McDonnell (1985) demonstrated that one of the most common ways that toddlers show their understanding of empathy is through the norm of reciprocity, as evidenced by a two year old’s question: “I gave you a toy, why don’t you give me one?” Just as the norm of reciprocity is representative of a well-regulated empathic and emotional system in toddlerhood, so are the manifestations of other, age-relevant behaviours demonstrative of functional development. Thus, Hay’s (1994) proposed model of empathy recognizes the trait both as a normally distributed with predictable outcomes at each age, while also acknowledging its potential to evolve into a dysfunctional trait.

These findings indicate that empathy can be used as markers of a child’s emotional and social development. While the research shows that particular behaviours are more likely to cluster at specific ages and thereby indicate a normative trajectory for empathic development, Hay (1994) still considers the possibility that a child’s empathetic responses may sporadically fluctuate. What is crucial to Hay’s (1994) understanding of empathy is that she considers it holistically and in relation to what is expected within a particular age-based parameter; small fluctuations are considered normal and healthy. Therefore, what is most important is that the empathic abilities of the child are neither exaggerated nor apathetic, as both would lead to negative developmental outcomes in the long term. Similar to Vivier et al.’s (2014) view, Hay (1994) believes that the development of rules and restrictions on empathetic reactions (i.e., how children tend to restrict empathy to those of their own gender in middle childhood) is beneficial, because it allows the child to ‘balance’ between invoking too much empathy and maintaining their own emotional stability.

This theory of a normative empathetic trajectory also explains why children sometimes display anti-empathic tendencies when their self-interest is at risk. For example, assuming that empathy is a normative trait that can be overpowered by the instinctive impulse for self-preservation allows researchers to explain why toddlers are less likely to show empathetic concern for someone in distress if they were responsible for causing the other’s distress (Zahn-Waxler, Radke-Yarrow, & King, 1979). Similarly, Hay’s (1994) theory would interpret this finding as evidence of the fact that empathy is a normative trait: functionally limited by the feelings of guilt or shame that would be induced if the toddler were to feel too empathic towards the person they had hurt. Therefore, in order to spare themselves these negative feelings, the toddlers must choose to prioritize their own needs over sympathizing with others (Zahn-Waxler et al., 1979).

The tendency for children to favour self-preservation over empathy has also been noted in other empirical
In one such study, researchers showed children a video of a child being unjustly punished to either a mild or severe degree (Strayer, 1993). They found that the children were empathetic to the child they saw in the video, only so far as they could give their concern without compromising their own emotional well-being. For instance, in the condition where the child depicted in the video was only punished to a mild degree, the children were able to watch the video and give their full attention to the child being punished: thereby empathizing and relating to the child in the video. On the other hand, in the condition where the children saw the child being severely punished, they tended to turn their attention and concern towards themselves, rather than pay attention to the suffering child in the video, in order to minimize to their own distress and helplessness at not being able to assist the other child. This study demonstrates that although children are empathetically inclined, and the fact that empathic inclination is an adaptive, prosocial response, there appears to be a limit to the functionality of empathy. Additionally, this empathic limit may be particularly salient when a child’s emotional self-interest is at stake.

For empathy to exist as a functional, normative trait, one must possess the ability to limit and control their feelings of empathy. To demonstrate that a limitation of empathic emotions is a functional trait, Gjerde and Block (1991) found that girls who spent prolonged lengths of time listening to the issues of others showed greater depressive symptoms. The researchers concluded that the most likely cause of the emotional distress experienced by these girls was their inability to qualify their empathic emotions; as a result, they would become overly personally invested in the problems of others, eventually to the point of being overwhelmingly burdened, finally, collapse into depressive or other affective disorders as a result. This finding shows that a child’s inability to limit their empathetic emotions puts them in danger of emotional and cognitive overload, which can ultimately result in serious detrimental affective consequences (Zahn-Waxler et al., 1979). The results of this study, which shows the dangers of excessive empathy, also show that empathy is a functional trait only when present in moderation.

An important concession to make in this part of my argument is that empathy is most certainly a necessary trait for a child’s interpersonal, emotional, and mental development. Hay’s (1994) regulatory model states that everyone has empathic abilities, and that if they can afford to without compromising their emotional well-being, people are naturally motivated to act upon their empathic impulses. Research on mimicry by Hoffman (2000) supports this assumption, as he claims that children possess a healthy, strong, and innate desire to empathize with others. In the experiment, he showed participants videos of strangers making happy or sad facial expressions and found that the viewers altered their micro-expressions (facial expressions that occur on a very minute scale) to mirror the expression they saw. He viewed the act of mimicry as evidence that the viewers were, empathizing with the people they saw on a subconscious level; consequently, he interpreted this result as demonstrative of the fact that empathy is so instinctive that its arousal is activated even by something as superficial and far removed as a video clip. These results demonstrate how pervasive and innate the expression of empathy truly is, and conversely, how unusual and extraordinary an absence of empathy would be. As evidence of the latter, studies have shown that children with low prosocial trajectories have less friends, are slower at resolving conflict, and are more prone to aggressive acts (Hay, 1994; Vivier et al., 2014). Collectively, these studies support the proposition that an absence of empathy is just as maladaptive as an over-empathic nature.

Because of such possible dysfunctions, Hoffman describes how important empathy is, but he is also careful to notice its costs. His research, similar to the conclusion reached by Hay (1994) and Strayer (1993), supports the idea that feelings of empathy can be overwhelming; thus people require the ability to limit their expression to only those situations in which it is manageable. In particular, he believes that once feelings of empathy are activated, it can cause a significant level of discomfort which can only be relieved by helping the person in need; conversely, if the individual was unable to provide help, they would experience intense feelings of guilt. For instance, in an interview, a mental health practitioner reported feelings of depression and anxiety as a result of his inability to effectively treat
his PTSD patients, which escalated to the point of the practitioner contemplating suicide (Hoffman, 2000). In the end, the only thing that helped resolve this practitioner’s anguish was the decision he made to found a self-help group for the PTSD victims, which helped treat their suffering immensely. In other words, founding the self-help group and seeing his patients get better was the only way that the practitioner’s own suffering could dissipate. Hence, although empathy can motivate people to assist others, it is also a burden of emotional responsibility. To control for such a potentially threatening emotional overload, individuals are forced to develop a regulating mechanism, which allows them to scan the situation for how much emotional investment in the other person’s issue will burden them, as well as calculate the feasibility of providing help before they actually feel or invest any empathy. For that reason, the ability for individuals to hold off feelings of empathy before gauging the situation is a functional and self-defensive mechanism. Although this idea parallels the findings of Vivier et al. (2014) and Hay (1994), Hoffman’s findings uniquely demonstrate that a normative, controlled empathetic system is the most optimally functional in children and in adults.

So far, it has been established that an excess or deficiency of empathy is abnormal and potentially damaging. This is particularly true for children, who are less cognitively equipped to deal with an excess of emotionality, or environmental disruption. For instance, while adults like Hoffman’s (2000) mental health practitioner are able to resolve the overwhelming negative emotions brought on by empathy by accessing their higher cognitive processes, children like those reported in Gjerde and Block’s (1991) study lack these same mental and emotional resources, leaving them susceptible to depression, and other affective disorders. However, what has yet to be examined is how empathic dysfunctions may affect the different traits, and developmental stages in a child’s life.

To understand how empathic dysfunction impairs development, a holistic perspective that includes the child’s environment and personality is necessary. The study by Vivier et al. (2014) analyzed the traits and caregiving styles that are commonly associated with empathic dysfunction throughout the span of childhood.

The study was conducted by analyzing a catalogue of statistical information gathered by the National Longitudinal Survey of Children and Youth (NLSCY): focusing in particular to examine children aged two to nine, as well as their caregivers, on a number of personality traits and environmental patterns. Both caregivers and their children completed surveys to provide ratings on items such as the strength and consistency of a number of the child’s characteristics on a biennial basis; traits such as prosocial behaviour, anxiety, aggression, and depressiveness were measured and examined for correlations to one another. Using these responses, Vivier et al. (2014) looked for trends among the traits that were predicted to cause or exacerbate an abnormal empathic trajectory (i.e., anxiety, aggression, or caregiving style). This data allowed the researchers to group the children’s tendencies into distinct categories. They found that children fell into one of four categories for the trait of anxiety: Extremely Low, Low, High Decreasing (quickly calmed/regulated), or High Increasing (quickly anxious and overwhelmed). Empathy was mapped onto a similar scale with the following categories: High, Moderate, or Low. The most common combination of traits that researchers found in children to possess was a moderate prosocial trajectory, with low-to-moderate problem trajectories (i.e. exceptionally high or low scores for a given trait, like High Increasing anxiety/depression). This finding confirms that empathy is a normally distributed trait with associated benefits at a moderate level. Vivier et al. (2014) also found strong associations between a moderate prosocial level, a moderate amount of aggression, low levels of depression, and low levels of anxiety. Almost a fifth of the children that were rated as having a moderate prosocial trajectory were also rated as having high decreasing or low levels of anxiety. Interestingly, researchers also found that somewhere in between a fifth to a third of the children with extremely low, low, or high anxiety-prone personalities exhibited high levels of prosocial behaviour.

Based on these results, Vivier et al. (2014) proposed that children who are extremely anxious might use prosocial behaviour to gain approval from oth-
Depressed mothers tend to dissociate from the feelings of others (including their mothers) and tend to resort to aggression to deal with conflict (Gore et al., 1993). This finding is also replicated by Vivier et al. (2014), which found that boys of depressed mothers were more likely to classify as high on the aggression scale.

To support the claim that upsetting or traumatic events are the most likely cause of a child’s empathic dysfunction, as opposed to the dysfunction being caused by a trait such as conscientiousness, or an innately anxiety-prone personality, I refer to psychobiological evidence that appears to directly corroborate abnormal levels of empathy with area-specific dysfunction. Bemporad and Kinsbourne (1984) suggest that animals process emotional experiences through both the action-oriented frontal lobes and the inhibition-oriented posterior lobes (which includes the parietal and occipital lobes). According to these researchers, these respective areas of the brain are each responsible for a particular processing function; for instance, the frontal lobes regulate emotional stability and the posterior lobes regulate information processing. Balance and functionality are maintained when both areas are used equally to process emotion. On that note, researchers also added, that the balance between these two parts is always fragile, as each area is constantly attempting to override the other for dominance in the task of emotional processing. In fact, dysfunction occurs when the brain becomes too heavily area-biased in consolidating emotions. For instance, research has shown that those with frontal lobe damage experience difficulties expressing their negative emotions (Bemporad & Kinsbourne, 1984). Presumably, this is because the emotional information that was once processed through the frontal lobes, which is action-oriented, is now completely delegated to the inhibition-prone posterior lobes, which suppresses emotional expression (Bemporad & Kinsbourne, 1984). On the other hand, researchers found a parallel response in those with damage to the parietal lobes. These individuals exhibited pseudo-psychopathic or pseudo-depressive tendencies, i.e., they were particularly aggressive, unusually non-empathetic, and emotionally detached from the people around them. In other words, being frontally biased in emotional processing caused these patients to become overly reliant on its action-oriented
tendencies, such as displaying aggression, anger, or detachment at will, due to a lack of inhibitory, posterior-lobe function. (Bemporad & Kinsbourne, 1984).

Although the results outlined above were based on patients who had sustained physical brain damage, the researchers also claimed that stress or traumatic events could also lead to cases of area bias: which results in analogous displays of emotional irregularity, aggression, or pseudo-depressive symptomology (Bemporad & Kinsbourne, 1984). By placing these findings in context with aforementioned instances of gender-specific differences in empathic dysfunction (Harris & Siebel, 1975), I argue that environmental stressors, such as a difficult home life or a traumatic event, can disrupt the way that children process information in a physiologically similar way. I also contend that there is little to no predisposed sex-based difference in the manifestation of empathic dysfunction in girls and boys, and that the difference these respective genders exude in their emotional regulation strategies are better explained by gender-specific socialization. Specifically, I argue that particularly upsetting visceral experiences can cause a child to permanently change how they perceive and react to the world, in a manner that is similar to the area bias shown in patients with lesions to the frontal or posterior lobes. However, in the case of these children, rather than physical damage, gender norms may be the most influential determinant for which area the child becomes biased towards for emotional processing. For instance, boys with troubled depressed mothers are found to mainly exhibit many externalizing issues, such as aggression, a lack of emotion and empathy, and other anti-social tendencies. These emotional irregularities are reflective of one who is biased towards the frontal action-oriented lobes for emotional processing (Bemporad & Kinsbourne, 1984). This finding coincides with the fact that societal norms teach boys to refrain from overt emotional attachment, and that their integrity is derived from how emotionally derisive they can appear to be (Harris & Siebal, 1975). Thus, the finding that boys tend to become less prosocial and empathetic in highly stressful environments, rather than revert to a state of heightened empathy, like girls tend to, can be reasonably inferred as a sign of area bias based on socially influenced gendered expectations (Bemporad & Kinsbourne, 1984; Harris & Siebel, 1975).

In contrast, I contend that girls are more socially influenced to become over reliant upon the action-inhibition posterior lobes for processing emotions: a proposition supported by the finding that girls tend to exhibit internalizing issues like depression and anxiety, rather than the aggression, and emotional detachedness that most boys display in similar environmental contexts (Bemporad & Kinsbourne, 1984; Harris & Siebel, 1975). This proposition is consistent with the finding that affect induction makes boys more aggressive and girls significantly less likely to aggress (Harris & Siebel, 1975). The researchers who achieved this result claimed that this finding is evidence of arousal notion, which argues that arousal leads to increased anger, and aggressiveness in boys but to increased anxiety, guilt, and inhibition of aggression in girls. In context of Bemporad and Kinsbourne’s (1984) research findings, it is possible to interpret the discrepancy in how boys and girls process emotions as qualitatively different, i.e., which area they are biased towards, rather than quantitatively different processing channels based on any inherent sex-based disparities. This theory would hypothesize that girls who have had upsetting formative experiences, or an unstable family life, are influenced by societal norms to express overt empathy, while boys in upsetting situations are typically taught to disengage emotionally: this is precisely the dysfunctional developmental trajectory that each respective gender is typically found to have. This also explains, for instance, why girls of depressed mothers are highly empathetic (Gore et al., 1993). Most importantly, what these boys and girls have in common is a deviation from normative empathetic development, which I have argued is influenced in its expression by both psychobiological processes, and societal wide gendered norms.

**Conclusion**

The present paper has sought to show how empathy is a trait that is functional only in moderation: too much or too little may be a sign of underlying distress or a potential cause of future emotional dysfunctionality. An analysis of the relevant literature demonstrates how empathy interacts with both environmental, and individual traits to influence the development of a child. This sug-
suggests that the existence of empathy in and of itself cannot be determined as either functional or detrimental to a child without acknowledgement of their greater social and environmental context: that trait of empathy can be determined to be functional nor detrimental to a child and their development, without consulting other factors like how it expressed, to whom it expressed, and overall, how the child perceives and engages with those around them in a way that both benefits others, as well as their own mental and emotional well-being.

References


