

COMMENTS

Comment: Empathy as a Flexible and Fundamentally Interpersonal Phenomenon: Comment on “Why We Should Reject the Restrictive Isomorphic Matching Definition of Empathy”

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Abstract

I strongly agree with the criticisms of the restrictive isomorphic matching (RIM) definition of empathy made by Murphy, Lilienfeld, and Algoe (2022), and largely agree with their conceptualization of empathy as a dynamic process best defined by its function. In this commentary, I extend this argument by emphasizing the relational, interpersonal aspects of empathy. It is my view that in order to understand the functions of empathy, we must take into account not only the internal experience of the individual empathizing, but also the individual (or group) whose perspective the empathizer is attempting to take. I highlight how the emotional needs of others are dynamic and require flexible adaptation and underscore the role of context in appreciating the function of empathy.

Empathy is Functional and Relational

Murphy, Lilienfeld, and Algoe (2022) provide a fascinating and thoughtful account of how restricting the definition of empathy to isomorphic matching (i.e., experiencing an identical emotion to another person) gravely misses the mark in progressing our understanding of the construct and its functional consequences. I wholeheartedly agree that empathy is best conceptualized as a flexible process that is more often cognitively effortful and dynamic than automatic and fleeting. This commentary extends this argument to emphasize that empathy involves the dynamic and flexible adaptation to another person’s changing emotions in relational contexts.

The authors suggest that the transition between matching and non-matching affective states allows “[empathy] to unfold in a functionally beneficial manner” (p. 24) and “empathy should be defined more in terms of its function than in terms of a restrictive isomorphic-matching

form” (p. 23). But then what is the function of empathy, and how do we then define empathy by its function? On p. 30, the authors specify the “hard core” of empathy as the “unfolding process of imaginatively experiencing the subjective consciousness of another person, sending, understanding, and structuring the world *as if* one were that person.” I agree with this conceptualization. However, I would take it a step further to argue that for an individual’s behavior (or set of behaviors) to be considered empathic, they must flexibly adapt and adjust to the other person’s emotions. As the authors rightly note, it is not enough to simply match or correctly label a social partner’s emotions and move on – this would have little functional consequence for the partner’s emotional needs. This is especially true in cases of distress, whether it be to provide instrumental helping, a hug, or simply avoid the person if they do not desire attention. Instead, the individual must continue to engage with the others’ emotions, either directly or indirectly, and flexibly adapt to their needs. In short, empathy is an inherently interpersonal process (Main et al., 2017; Zaki et al., 2008).

The Fundamentally Interpersonal Nature of Empathy

My colleagues and I have discussed elsewhere (Main & Kho, 2020; Main et al., 2017) the considerable evidence across psychology (e.g., Ickes, 1997), neuroscience (Zaki et al., 2008), anthropology (Hollan, 2008), linguistics (Kupetz, 2014) that social partners’ openness to being empathized with plays a far greater role in facilitating or inhibiting the accurate and effective empathy than those who prescribe to the restrictive isomorphic (RIM) definition of empathy would acknowledge. The process of

adjusting to another during interpersonal interactions is ongoing and best studied using dynamic methodologies rather than in a static, momentary fashion (Main & Kho, 2020; Main et al., 2017, p. 5). For example, studies in healthcare settings have demonstrated that the process of attuning and adjusting to a patient's emotional needs leads to greater patient disclosure of health information, which in turn allows physicians to develop more effective treatment plans (Halpern, 2007; Suchman et al., 1997). This research has been extended to other contexts, such as parent-adolescent relationships (Martin et al., 2018; Main et al., 2019).

A central assumption behind this work is that individuals may initially be wrong in their assessment of another's emotional state. There could be a variety of reasons behind these inaccuracies, such as low emotional expressivity of the partner (Zaki et al., 2008), lack of information about the context of another's emotions, or incorrect assumptions about the reasons behind another's emotional state (Main & Kho, 2020). The RIM definition of empathy could erroneously classify these individuals as un-empathic or low on empathy. However, continued observation of the interaction may demonstrate that some individuals give up and disengage, whereas others display curiosity and adjust their empathic efforts in an attempt to better understand the other's emotional situation. It is only by appreciating empathy as dynamic and interpersonal, and employing measures that capture its flexible and dynamic nature, that we can develop a more comprehensive and functional understanding of this process fundamental to human interaction.

The Role of Context

Indeed, it is precisely this flexible adjustment to another's emotional needs that defines empathy and allow for its clinical and practical use. I agree with the authors that "As with creativity, the intrapersonal process of empathy cannot be reduced to a narrow static moment; moreover, there is probably no uniform temporal sequence in which the various components emerge sequentially or simultaneously" (p. 5). I argue this extends to the interpersonal domain, with no single set of behaviors or sequence of behaviors being inherently empathic or not. Rather, the nature of the context defines whether empathic attempts are indeed empathic. Of course, shared affect could be functional in some contexts, such as when witnessing another's distress motivates one to engage in prosocial behavior (e.g., Carlo et al., 2010; Eisenberg, 2018). However, while the RIM definition assumes that shared affect is the core of empathy, there are myriad ways that empathy can be expressed (and shared affect may indeed be maladaptive in many contexts – see Main et al., 2017, p. 18). Curiosity may be empathic in some situations, but in others wholly inappropriate, such as when ample information about the social partner's situation

is already available. In the latter context, curiosity may come across as emotional denseness. Additionally, it can be inappropriate to respond to another's distress with instrumental helping, such as if a mentor were to write a student's dissertation for them instead of facilitating their independence. Unfortunately, as the authors rightly point out, empathy research prescribing to the RIM definition – the canonical perspective in the field – ignores such functional flexibility of empathy.

Empathy is a dynamic process that allows individuals to emotionally engage with others, and thus is inherently relational and interpersonal. As the authors clearly state, the RIM definition is appealing in its operational simplicity. However, such simplicity misses the core of empathy as it is manifested in daily life – a dynamic phenomenon that is fundamentally defined by our ability to flexibly adapt to the ever-changing needs of other people.

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Comment: Getting Our Affect Together: Shared Representations as the Core of Empathy

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Abstract

Empathy is a construct that is notoriously difficult to define. Murphy and colleagues (2022) argue for leaning into the construct's inherent fuzziness and reverting to what they term a classical definition informed by the observations of philosophers and clinicians: as a dynamic, “unfolding process of imaginatively experiencing the subjective consciousness of another person, sensing, understanding, and structuring the world as if one were that person.” Although consistent with some historical conceptualizations, this definition risks incorporating so many processes it would make empathy difficult to operationalize or distinguish from any generally socially sensitive interaction. Defining empathy instead as the attempted representation, or simulation, of another's subjective internal experiences (whether sensory, affective, or cognitive) would increase its clarity and empirical utility.

Keywords

empathy, simulation, emotional contagion, empathic accuracy

If scholars who study empathy agree on one thing, it is that what “empathy” means is hard to pin down (Hall & Schwartz, 2019).

The constructs most commonly described as empathy usually include some form of self-other matching (often termed emotional empathy), perspective-taking (often called cognitive empathy), and care (often called empathic concern or compassion) (Hall & Schwartz, 2019; Lamm, Rütgen, & Wagner, 2019; Zaki, 2017).

The difficulty with referring to any of these three phenomena as “empathy” is that they are not identical. They do not reliably co-occur (Oliver, Neufeld, Dziobek, & Mitchell, 2016; Shamay-Tsoory, Aharon-Peretz, & Perry, 2009). They can be

dissociated using self-report measures or physiological correlates, and by their relative impairment in clinical populations (see Marsh, 2018). For example, strokes that affect temporal lobe structures like the anterior insula impair emotional empathy but not empathic concern, whereas the reverse is true when strokes affect the striatum (Shdo, et al., 2018). And whereas people with psychopathy are defined by their limited empathic concern, they often show typical cognitive empathy as well as typical emotional empathy for some emotions, like disgust (Jones, Happé, Gilbert, Burnett, & Viding, 2010).

This may explain what Murphy and colleagues (2022) describe as the recent shift away from referring to any of these phenomena as simply “empathy” and toward the use of more specific terms. Many may view this as progress. Scientific advancement entails, among other things, the ongoing development of new frameworks that allow causal explanations to be more reliably tested (National Research Council, 2007). Because more precise constructs can be more precisely measured, they are more useful for making testable predictions. Thus, for example, the psychological term “neurosis”, which broadly refers to symptoms related to depression, anxiety, obsessiveness, and hypochondria has fallen into disuse in favor of more specific terms for mood, anxiety, and stress-related phenomena.

In light of widespread agreement that the term “empathy” is not currently well-defined, there are several ways usage of the term could evolve. In their review, Murphy and colleagues argue for leaning into the inherent fuzziness of the construct of empathy, and reverting to what they term the classical definition, one informed by decades of observations by philosophers