

*Chong Siow Ann writes about the virtues and perils of empathy.*

- 1 In the 2012 US presidential election, "empathy" became an electoral issue. Much was made of the "empathy gap" between President Barack Obama and the Republican candidate Mitt Romney. A poll indicated that Mr Obama was thought to be more empathetic of the economic woes of the American people. It is hardly surprising that after winning the election, he continued to politicise it in his second term: at one time telling the American public that the "empathy deficit" is an even more pressing political problem than the fiscal deficit; it is the lack of empathy that causes wars. 5
  
- 2 The word "empathy" derives from the Greek *empathia* – *em* (into) and *pathos* (feeling). There has been a considerable amount of research and philosophising about what it is exactly – with now some consensus that empathy comprises two aspects. The first is cognitive empathy, which is that ability to suss out what other people are thinking and to delve into their motivations and beliefs. The second is emotional empathy, which is to experience what the other person is feeling. This is a sort of emotional contagion where another's emotions like pain, distress, sadness, and fear would infect the other person. Research in neuroscience showed that we have an "empathy circuit" in our brain and the functioning of this circuit determines the innate capacity to empathise, which varies from person to person. What determines this capacity seems to be a series of genetic and environmental factors. To Professor Simon Baron-Cohen, the Director of the Autism Research Centre at Cambridge University, this capacity can be measured along a scale. At one end or Level 0, are people with no empathy; these include the clinically defined psychopaths who usually do terrible things with no compunction. At the other end is Level 6, where the individual has an overabundance of empathy and is continually focused on other people's feelings. Empathy is invariably seen as a virtue and – as suggested by Mr Obama – a potential panacea for much of the ills in the world. 10 15 20
  
- 3 But as with many things in life, too much of a good thing can be a bad thing. There is a downside to empathy. People with too much empathy – those at Prof Cohen-Baron's Level 6 – are almost in a constant state of overdrive to absorb people's distress and feel compelled to help them. With this excessive concern for others, they would place the needs of others before their own, and their relationships are often asymmetrical. Paradoxically, this frenetic empathising could be a form of self-preoccupation that is at its core, self-serving. The crime novelist, P.D. James, had described such an individual in one of her books – a man who pursues his relationships because of "his recurrent psychological need to search out and love the vulnerable, the innocent, the hurt and the weak, to give rather than to receive". This, despite knowing that "it didn't make for an equal relationship, that a constant uncritical kindness could in its subtle condescension be as oppressive to the loved one as cruelty or neglect". This was a man, she wrote, who "bolstered his ego, by the knowledge that he was needed, depended upon, admired for a compassion which when he looked at it with honest eyes is a particularly subtle form of emotional patronage and spiritual pride". 25 30
  
- 4 In the long run, this surfeit of empathy can be destructive. Feeling too much of the pain of others leads to empathetic distress and predisposes the individual to depression, anxiety, guilt and burnout. The Yale University psychologist Paul Bloom argues in his polemical essay *The Baby in the Well* (published in *The New Yorker* in May 2013) that empathy "is parochial, narrow-minded, and innumerate", and emphatically states that: "We're often at our best when we're smart enough not to rely on it." He describes instances in politics, law, and humanitarianism where empathy can be manipulated – as in the case of international relief agencies capitulating to the demands of local warlords to pay them "taxes" and thus helping to perpetuate their atrocities. 35 40
  
- 5 Empathy is also more actively engaged where there is an "identifiable victim effect". We are more likely to be empathetic towards someone who is similar to us, and towards a specific and named person than for a large nameless group. Once our empathy is invoked, it might sometimes give rise to the desire for a more immediate action that does not have any consideration for long-term consequences. Professor Bloom cited a study where people were asked about how to punish a hypothetical company that had produced a vaccine that inadvertently killed a child. Participants were asked if they would impose a fine that would be so prohibitive that it would discourage the company from making the vaccine though this would lead to more deaths as there were no other alternatives. 45 50

Most of the participants wanted to impose that fine whatever the consequences.

- 6 Where moral decisions have to be made, he advocates that taking "a reasoned, even counter-empathetic analysis of moral obligation and likely consequences is a better guide to planning for the future than the gut wrench of empathy". Professor Bloom might be right that reliance on empathy as a sole guiding principle in certain situations can be unreliable and treacherous but in some interpersonal relationships, as between friends and between patients and doctors, empathy has to be present for these to work. 55
- 7 A 2006 paper called Educating For Empathy in the *Journal of General Internal Medicine* states that empathy in doctors significantly influences patient satisfaction, adherence to medical recommendations, clinical outcomes, and professional satisfaction. The frequency of medical errors among doctors has been reported to increase as the level of empathy among doctors decreases. So, it is no surprise that medical schools have tried various ways to nurture empathy in medical students and are teaching them to evince it. It has long been held to be one of those defining things that doctors should possess in generous amount but what is usually not emphasised is that empathy must be calibrated and exercised with discipline. 60 65
- 8 Certainly as a patient, I would not want my doctor to mirror my distress and wring her hands in anguish. I would want her to remain calm and in control no matter how dire the situation. But I would also want her to feel for me – rather than feel with me – and intuit my worries and anxiety and use that understanding to engage me in treatment and to alleviate my particular fears.
- 9 As a doctor, I know that there is always this need to maintain a certain distance, but therein lies the danger of being too detached. To become immured to feelings would be inimical to good holistic care as it reduces that patient-doctor contact into a mere intellectual exercise and makes the doctor a mere technician. So we walk this divide: if we feel too deeply, we risk being derailed if not incapacitated; if we banish our emotions, we lose sight of the person within the patient and fail in our role as healers. 70 75
- 10 Empathy may sometimes lead us astray or be subverted by our own selfish needs but it is also what makes us relate to each other with decency and reach out to help others. Life would be hard without it. Aristotle had taught that a virtue can be cultivated with practice: "We become just by doing just acts, temperate by doing temperate acts, brave by doing brave acts." We should continue to cultivate empathy, albeit tempered with an awareness of its limitations, frailties and possible perils. 80