

1 These Things Called Empathy: Eight Related but Distinct Phenomena

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Students of empathy can seem a cantankerous lot. Although they typically agree that empathy is important, they often disagree about why it is important, about what effects it has, about where it comes from, and even about what it is. The term *empathy* is currently applied to more than a half-dozen phenomena. These phenomena are related to one another, but they are not elements, aspects, facets, or components of a single thing that is empathy, as one might say that an attitude has cognitive, affective, and behavioral components. Rather, each is a conceptually distinct, stand-alone psychological state. Further, each of these states has been called by names other than empathy. Opportunities for disagreement abound.

In an attempt to sort out this disagreement, I wish first to identify two distinct questions that empathy is thought to answer. Then I wish to identify eight distinct phenomena that have been called empathy. Finally, I wish to relate these eight phenomena to the two questions.¹

Empathy as an Answer to Two Different Questions

Application of the term *empathy* to so many distinct phenomena is, in part, a result of researchers invoking empathy to provide an answer to two quite different questions: How can one know what another person is thinking and feeling? What leads one person to respond with sensitivity and care to the suffering of another? For some students of empathy, answers to these two questions are related. However, many more seek to answer the first question without concern to answer the second, or vice versa.

The first question has been of particular interest to philosophers, cognitive scientists, neurophysiologists, primatologists, and developmental psychologists interested in the theory of mind. Both *theory theorists*, who suggest that we use our lay theories about the mind to infer the internal states of others, and *simulation theorists*, who suggest that we imagine ourselves in others' situations and read their internal states from our own, have invoked empathy to explain how we humans come to know what others are thinking and feeling.

The question of what leads us to respond with sensitive care to another's suffering has been of particular interest to philosophers and to developmental and social psychologists seeking to understand and promote prosocial action. The goal of these researchers is not to explain a particular form of knowledge but to explain a particular form of action: action by one person that effectively addresses the need of another. Those using empathy to answer this question are apt to say that empathic feelings *for* the other—feelings of sympathy, compassion, tenderness, and the like—produce motivation to relieve the suffering of the person for whom empathy is felt.

Eight Uses of the Term *Empathy*

An example may help clarify distinctions among different uses of the term *empathy*. Imagine that you meet a friend for lunch. She seems distracted, staring into space, not very talkative, a bit down. Gradually, she begins to speak, then to cry. She explains that she just learned that she is losing her job because of downsizing. She says that she is not angry but that she is hurt, and a bit scared. You feel very sorry for her, and say so. You are also reminded that there has been talk of job cuts where you work as well. Seeing your friend so upset makes you feel a bit anxious and uneasy. You also feel a brief flash of relief—"Thank God it wasn't me!" At least eight different psychological states you might experience in this interchange correspond to distinct concepts of empathy.

Concept 1: Knowing Another Person's Internal State, Including His or Her Thoughts and Feelings

Some clinicians and researchers have called knowing another person's internal state empathy (e.g., Preston & de Waal, 2002; Wispé, 1986). Others have called this knowledge "cognitive empathy" (Eslinger, 1998; Zahn-Waxler, Robinson, & Emde, 1992) or "empathic accuracy" (Ickes, 1993).

Sometimes, to ascertain what someone else is thinking and feeling can pose quite a problem, especially when one has only limited clues. But in our example, knowing your friend's internal state is relatively easy. Once she explains, you may be confident that you know what is on her mind: losing her job. From what she says, and perhaps even more from the way she acts, you may also think you know how she feels: she is hurt and scared. Of course, you could be wrong, at least about some nuances and details.

Concept 2: Adopting the Posture or Matching the Neural Responses of an Observed Other

Adopting the posture or expression of an observed other is a definition of empathy in many dictionaries. The philosopher Gordon (1995) speaks of this as "facial empathy." Among psychologists, adopting another's posture is more likely to be called "motor mimicry" (Dimberg, Thunberg, & Elmehed, 2000; Hoffman, 2000) or "imitation" (Lipps, 1903; Meltzoff & Moore, 1997; Titchener, 1909).

Preston and de Waal (2002) proposed what they claim is a unified theory of empathy that focuses on mimicked neural representations rather than mimicked motor activity. Their theory is based on a perception-action model. According to this model, perceiving another in a given situation automatically leads one to match the other's neural state because perception and action rely in part on the same neural circuits. As a result of the matched neural representation, which need not produce either matched motor activity or awareness, one comes to feel something of what the other feels, and thereby to understand the other's internal state.

To claim that either neural response matching or motor mimicry is the unifying source of all empathic feelings seems to be an overestimation of their role, especially among humans. Perceptual neural representations do not always and automatically lead to feelings, whether matched or unmatched. And at a motor level, neither humans nor other species mimic all actions of others. To find oneself tensing and twisting when watching someone balance on a tightrope is a familiar experience; it is hard to resist. Yet we may watch someone file papers with little inclination to mimic the action. Something more than automatic mimicry must be involved to select those actions that are mimicked and those that are not. Moreover, it has been found that mimicry itself may not be as reactive and automatic as has been assumed. Meltzoff and Moore (1997) present much evidence that mimicry or imitation is an active, goal-directed process even in infants. And in adults, mimicry often serves a higher-order communicative function (LaFrance & Ickes, 1981). In the words of Bavelas and colleagues (1986), "I show how you feel" in order to convey "fellow feeling" or support.

Rather than relying solely on response matching or mimicry to provide clues to the internal states of others, humans can also use memory and general knowledge to infer what others think and feel in various situations (Singer et al., 2004; Tomasello, 1999). Indeed, the problem of anthropomorphism arises precisely because we humans have the ability—and inclination—to make such inferences, even about other species. Equally important, humans can rely on direct communication from one another to learn about internal states. In our example, your friend told you what she was thinking and feeling.

Concept 3: Coming to Feel as Another Person Feels

Coming to feel the same emotion that another person feels is another common dictionary definition of empathy. It is also a definition used by some philosophers (e.g., Darwall, 1998; Sober & Wilson, 1998), neuroscientists (Damasio, 2003; Decety & Chaminade, 2003; Eslinger, 1998), and psychologists (Eisenberg & Strayer, 1987; Preston & de Waal, 2002). Often, those who use this definition qualify it by saying that the empathizer need not feel exactly the same emotion, only a similar one (e.g., Hoffman, 2000). However, what determines whether an emotion is similar enough is never made clear.

Key to this use of the term empathy is not only emotion matching but also emotion "catching" (Hatfield, Cacioppo, & Rapson, 1994). To know that one person has come to feel as another feels, it is necessary to know more than that the former has a physiological response of roughly the same magnitude at roughly the same time as the latter—what

Levenson and Ruef (1992) called “shared physiology.” Shared physiology provides no clear evidence of either matching (the observer’s arousal might be associated with a qualitatively different emotion) or catching (rather than being a response to the target’s emotional state, the observer’s arousal might be a parallel response to a shared situation, perhaps one to which the target’s response drew attention).

Among philosophers, coming to feel as the other feels has often been called “sympathy,” not empathy (Hume, 1740/1896; Smith, 1759/1853). Among psychologists, it has been called “emotional contagion” (Hatfield, Cacioppo, & Rapson, 1994), “affective empathy” (Zahn-Waxler, Robinson, & Emde, 1992), and “automatic emotional empathy” (Hodges & Wegner, 1997).

In one of the most frequently cited studies of the developmental origins of empathy, Sagi and Hoffman (1976) presented one- to two-day-old infants either with tape-recorded sounds of another infant crying, with sounds of a synthetic nonhuman cry, or with no sounds. Those infants presented with another infant’s cry cried significantly more than those presented with a synthetic cry or with silence. Sagi and Hoffman (1976, p. 176), and many others since, interpreted this difference as evidence of an inborn “rudimentary empathic distress reaction,” that is, as evidence of one newborn infant catching and matching another’s affective state.

However, to interpret this research as evidence of an inborn rudimentary empathic reaction seems premature. There are alternative explanations for crying in response to another infant’s cry, alternatives that to my knowledge have never been recognized in the literature. To give but one example, crying in response to another infant’s cry may be a competitive response that increases the chances of getting food or comfort. (The infants in the Sagi and Hoffman study were tested 1 to 1½ hours before feeding time.) Imagine that we did a similar study using baby birds in a nest. We would not likely interpret the rapid spread of peeping and open-mouth straining once one baby bird starts peeping and straining as a rudimentary empathic reaction.

Concept 4: Intuiting or Projecting Oneself into Another’s Situation

Listening to your friend, you might have asked yourself what it would be like to be a young woman just told she is losing her job. Imaginatively projecting oneself into another’s situation is the psychological state referred to by Lipps (1903) as *Einfühlung* and for which Titchener (1909) first coined the English word *empathy*. Both were intrigued by the process whereby a writer or painter imagines what it would be like to be some specific person or some inanimate object, such as a gnarled, dead tree on a windswept hillside.

This original definition of empathy as aesthetic projection often appears in dictionaries, and it has appeared in recent philosophical discussions of simulation as an alternative to *theory theories* of mind. But such projection is rarely what is meant by empathy in contemporary psychology. Still, Wispé (1968) included such projection in his analysis of sympathy and empathy, calling it “aesthetic empathy.”

Concept 5: Imagining How Another Is Thinking and Feeling

Rather than imagine how it would feel to be a young woman just told she is losing her job, you might imagine how your friend is thinking and feeling. Your imagining can be based both on what she says and does and on your knowledge of her character, values, and desires. Stotland (1969) spoke of this as a particular form of perspective taking, an “imagine him” perspective. More generally, it has been called an “imagine other” perspective (Batson, 1991).

Wispé (1968) called imagining how another is feeling “psychological empathy” to differentiate it from the aesthetic empathy of concept 4. Adolphs (1999) called it “empathy” or “projection”; Ruby and Decety (2004) called it “empathy” or “perspective taking.”

In a perceptive analysis from a therapeutic perspective, Barrett-Lennard (1981) spoke of adopting an “empathic attentional set.” This set involves “a process of feeling into, in which Person A opens him- or herself in a deeply responsive way to Person B’s feelings and experiencing but without losing awareness that B is a distinct other self” (p. 92). At issue is not so much what one knows about the feelings and thoughts of the other but one’s sensitivity to the way the other is affected by his or her situation.

Concept 6: Imagining How One Would Think and Feel in the Other’s Place

Adam Smith (1759/1853) colorfully referred to the act of imagining how one would think and feel in another person’s situation as “changing places in fancy.” Mead (1934) sometimes called it “role taking” and sometimes “empathy”; Povinelli (1993) called it “cognitive empathy.” Darwall (1998) spoke of “projective empathy” or “simulation.” In the Piagetian tradition, imagining how one would think in the other’s place has been called either “perspective taking” or “decentering” (Piaget, 1953).

Stotland (1969) called this an “imagine-self” perspective, distinguishing it from the imagine-other perspective of concept 5. The imagine-other and imagine-self forms of perspective taking have often been confused or equated with one another, despite empirical evidence suggesting that they should not be (Batson, Early, & Salvarani, 1997; Stotland, 1969).

To adopt an imagine-self perspective is in some ways similar to the act of projecting oneself into another’s situation (concept 4). Yet these two concepts were developed independently in very different contexts, one aesthetic and the other interpersonal, and the self remains more focal here than in aesthetic projection, so it seems best to keep them separate.

Concept 7: Feeling Distress at Witnessing Another Person’s Suffering

A state of distress evoked by witnessing another’s distress—your feelings of anxiety and unease evoked by seeing how upset your friend was—has been given a variety of names, including “empathy” (Krebs, 1975), “empathic distress” (Hoffman, 1981), and “personal distress” (Batson, 1991).

This state does not involve feeling distressed *for* the other (see concept 8) or distressed *as* the other (concept 3). It involves feeling distressed *by* the state of the other.

Concept 8: Feeling for Another Person Who Is Suffering

In contemporary social psychology, the term “empathy” or “empathic concern” has often been used to refer to an other-oriented emotional response elicited by and congruent with the perceived welfare of someone else (e.g., Batson, 1991). *Other-oriented* here refers to the focus of the emotion; it is felt *for* the other. *Congruent* refers to the valence of the emotion—positive when the perceived welfare of the other is positive, negative when the perceived welfare is negative. To speak of congruence does not imply that the content of the emotion is the same or even similar, as in concept 3. You might, for example, feel sad or sorry for your friend, who is scared and upset.

Other-oriented emotion felt when another is perceived to be in need has not always been called empathy. It has also been called “pity” or “compassion” (Hume, 1740/1896; Smith, 1759/1853), “sympathetic distress” (Hoffman, 1981, 2000), and simply “sympathy” (Darwall, 1998; Eisenberg & Strayer, 1987; Preston & de Waal, 2002; Sober & Wilson, 1998; Wispé, 1986).

Implications

I have listed these eight phenomena to which the term empathy has been applied for two reasons. First, I hope to reduce confusion by recognizing complexity. Second, I wish to consider how each phenomenon fits into answers to the two questions raised at the outset.

It would simplify matters if empathy referred to a single object and if everyone agreed on what that object was. Unfortunately, as with many psychological terms, this is not the case. Both *empathy* and *sympathy* (the term with which empathy is most often contrasted) have been used in a variety of ways. Indeed, with remarkable consistency exactly the same state that some scholars have labeled empathy others have labeled sympathy. I have discerned no clear basis—either historical or logical—for favoring one labeling scheme over another. The best one can do is recognize the different phenomena, make clear the labeling scheme one is adopting, and use that scheme consistently.

Not all eight empathy phenomena are relevant to each of the two empathy-related questions. It is worth considering the relation of each phenomenon to each question in turn.

Question 1: How Do We Know Another’s Thoughts and Feelings?

Knowing another person’s internal state (concept 1) is the phenomenon for which the first question seeks an explanation. Five of the other phenomena have been offered as explanations. Adopting the posture or matching the neural responses of an observed other (concept

2), coming to feel as another person feels (concept 3), intuiting or projecting oneself into another's situation (concept 4), imagining how another is thinking and feeling (concept 5), and imagining how one would think and feel in the other's place (concept 6) have all been invoked to account for our knowledge of another person's thoughts and feelings.

Some accounts focus on only one of these phenomena. For example, a *theory theory* proponent might argue that we can successfully imagine another's internal state (concept 5) by drawing on our lay theories of what people in general, or people with the other's specific characteristics, are likely to think and feel. Other accounts combine several phenomena. A *simulation theory* proponent might argue that by intuiting and projecting oneself into the other's situation (concept 4) or by imagining how one would think and feel in the other's place (concept 6), one comes to feel as the other feels (concept 3), and knowledge of one's own feelings then enables one to know—or to believe one knows—how the other feels (concept 1). Alternatively, one might propose that by automatically adopting the posture or matching the neural responses of the other (concept 2), one comes to feel as the other feels (concept 3), which enables one to know how the other feels (concept 1).

The last two phenomena identified—feeling vicarious personal distress at witnessing another person's suffering (concept 7) and feeling for another who is suffering (concept 8)—are not sources of knowledge (or belief) about another's state; they are reactions to this knowledge. Thus, they are not likely to be invoked to explain how one knows what another is thinking and feeling. Instead, they figure prominently in answers to the second question.

Question 2: What Leads One Person to Respond with Sensitivity and Care to the Suffering of Another?

There is considerable evidence that feeling distress at witnessing another person in distress (concept 7) can produce motivation to help that person. This motivation does not, however, appear to be directed toward the ultimate goal of relieving the other's distress (i.e., altruistic motivation); the motivation appears to be directed toward the ultimate goal of relieving one's own distress (i.e., egoistic motivation; Batson, 1991). As a result, this distress may not lead one to respond with sensitivity to the suffering of another, especially if there is an opportunity to relieve one's own distress without having to relieve the other's distress. The importance of this motivational distinction is underscored by evidence that parents at high risk of abusing a child are the ones who more frequently report distress at seeing an infant cry (concept 7); those at low risk report increased other-oriented feelings—sympathy and compassion (concept 8)—rather than increased distress (Milner, Halsey, & Fultz, 1995).

Feeling for another person who is suffering (concept 8) is the form of empathy most often invoked to explain what leads one person to respond with sensitive care to the suffering of another. This feeling has, in turn, often been related to one or more of the other seven concepts as possible antecedents.

To feel for another, one must think one knows the other's internal state (concept 1) because feeling *for* is based on a perception of the other's welfare (e.g., that your friend is hurt and afraid). To feel for someone does not, however, require that this perception be accurate. It does not even require that this perception match the other's perception of his or her internal state, which is often the standard used in research to define empathic accuracy (e.g., Ickes, 1993). (In this research, the possibility that the other's perception of his or her internal state could be mistaken tends to be ignored. Is it really true, for example, that your friend is not angry?) Of course, action prompted by other-oriented feelings based on erroneous beliefs about the other's state is apt to be misguided, failing to reach the goal of providing sensitive care.

Matching neural representations or mimicking another's posture (concept 2) may facilitate understanding of, or belief about, another's state (concept 1) and thereby induce other-oriented feelings (concept 8). Still, it seems unlikely that either matching or mimicking is necessary or sufficient to produce such feelings. Your friend's tears may have caused you to cry too. But matching her neural state or mimicking her crying was probably not necessary for you to feel sorry for her. More likely, it was the reverse. Her tears made it clear to you how upset she was, and you cried because you felt sorry for her.

Coming to feel as the other feels (concept 3) may also be an important stepping-stone to understanding the other's state (concept 1) and thereby to other-oriented feelings (concept 8). Once again, however, research suggests that it is neither a necessary nor a sufficient precondition (Batson, Early, & Salvarani, 1997). To feel sorry for your friend you need not feel hurt and afraid too. It is enough to know that she is hurt and afraid (concept 1).

Feeling as the other feels may actually inhibit other-oriented feelings if it leads us to become focused on our own emotional state. Sensing the nervousness of other passengers on an airplane in rough weather, I too may become nervous. If I focus on my own nervousness, not theirs, I am likely to feel less for them, not more.

Intuiting or projecting oneself into another's situation (concept 4) may give one a lively sense of what the other is thinking and feeling (concept 1) and may thereby facilitate other-oriented feelings (concept 8). But when the state of the other is obvious because of what has happened or been said, intuition or projection is probably unnecessary. And when the other's state is not obvious, intuition or projection runs the risk of imposing an interpretation of the other's state that is inaccurate, especially if one does not have a precise understanding of relevant differences between oneself and the other.

Instructions to imagine how the other is feeling (concept 5) have often been used to induce other-oriented feelings for a person in need (concept 8) in participants in laboratory experiments (see Batson, 1991, for a review). Still, this imagine-other perspective should not be confused or equated with the other-oriented emotion it evokes (Coke, Batson, & McDavis, 1978).

When attending to another person in distress, imagining how you would think and feel in that situation (concept 6) may stimulate other-oriented feelings (concept 8). However,

this imagine-self perspective is also likely to elicit self-oriented feelings of distress (concept 7; see Batson, Early, & Salvarani, 1997; Stotland, 1969). If the other's situation is unfamiliar or unclear, then imagining how you would think and feel in that situation may provide a useful, possibly essential, basis for perceiving the other's state (concept 1), a necessary precondition for experiencing other-oriented feelings. But once again, if the other differs from you, then focusing on how you would think and feel may prove misleading. And if the other's situation is familiar or clear, then to imagine how you would think and feel in that situation may actually inhibit other-oriented feelings (Nickerson, 1999). As you listened to your friend talk about losing her job, your thoughts about how you would feel if you lost your own job led you to become self-concerned, to feel anxious and uneasy—and lucky by comparison. These reactions likely dampened your other-oriented feelings of sorrow for her.

Because of prominence and popularity, I have dwelt on other-oriented feelings (concept 8) as a source of sensitive response to the suffering of others. But several of the other phenomena called empathy have been offered as sources of sensitive response, independent of mediation through other-oriented feelings for the sufferer. For example, it has been suggested that coming to feel as another person feels (concept 3)—perhaps combined with an imagine-other perspective (concept 5)—can lead us to respond directly to the other's suffering as we would to our own (Preston & de Waal, 2002). It has also been suggested that imagining how one would think and feel in the other's place (concept 6) can lead directly to a more sensitive response to the plight of members of stereotyped out-groups (Galinsky & Moskowitz, 2000).

For those whose profession commits them to helping others in need (such as clinicians, counselors, and physicians), accurate perception of the need—diagnosis—is of paramount importance because one is not likely to address a need effectively unless one recognizes it. Moreover, high emotional arousal, including arousal of other-oriented emotions, may interfere with one's ability to help effectively (MacLean, 1967). Accordingly, within the helping professions, emphasis is often placed on accurate knowledge of the client's or patient's internal state (concept 1), not on other-oriented feelings (concept 8), as the key source of effective response to need.

Conclusion

Distinctions among the various things called empathy are sometimes subtle, yet there seems little doubt that each exists. Most are familiar experiences. Their familiarity should not, however, lead us to ignore their significance. The processes whereby one person can come to know the internal state of another and can be motivated to respond with sensitive care are of enormous importance for our life together. Some great thinkers, such as the philosopher David Hume, have suggested that these processes are the basis for all social perception and interaction. They are certainly key elements of our social nature.

To recognize the distinctiveness of these eight things called empathy complicates matters. Still, it seems essential if we are to understand these phenomena and how they relate to one another. It also seems essential if we are to advance our understanding of how it is possible to know the internal states of others and to respond with sensitivity to their suffering. Fortunately, social neuroscience has already begun to recognize at least some of the distinctions, and has begun to identify their neural substrates (see, for example, Jackson, et al., 2006; Lamm, Batson, & Decety, 2007; Singer et al., 2004).

Acknowledgments

Thanks to Nadia Ahmad, Tobias Gschwendner, Jakob Eklund, Luis Ocejja, Adam Powell, and Eric Stocks for helpful comments on a draft.

Note

1. I am certainly not the first to note a range of empathy-related concepts (see Becker, 1931; Reik, 1948; Scheler, 1913/1970). But as the intellectual landscape has changed, the relevant conceptual distinctions have also changed. Therefore, I shall not present earlier attempts at conceptual clarification.

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