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A stenography of empathy:

Toward a new approach of the empathic process



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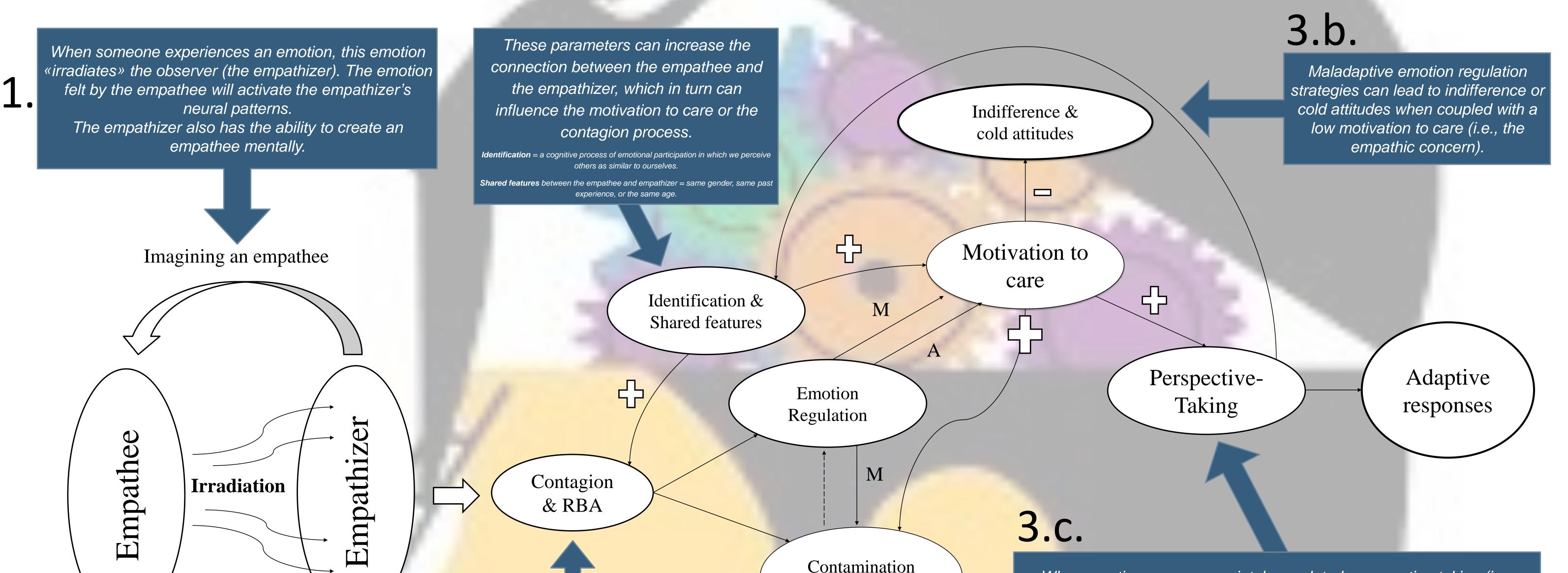
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Background

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During the past decade, empathy has gained popularity in the scientific world, and several researchers recommend promoting empathy skills in several fields of education. A recent systematic review identified 43 definitions of empathy [1], showing the large variability of the authors' theoretical approaches. Here, we proposed a condensate approach of several authors to display how the empathic process works. The model has been developed following de Waal and Preston's theory [2], Decety's conception of empathy [3], Davis' approach [4], and Batson's theory [5]. However, contrary to previous approaches, this model is a person-centered model where several parameters interact with each other. Indeed, this model involves an empathee (i.e., a target) and an empathizer (i.e., an observer), and is centered on the empathizer. We explain how the empathizer's emotional experience follows different paths, leading to adaptive (e.g., proper identification of empathee's needs,

proposing targeted help, or functional altruistic behaviors) and maladaptive responses (e.g., psychological distress, dramatizing, or overreacting).



2. The empathizer is aroused by the empathee's emotional state and makes a rapid and brief assessment (RBA) of the empathee's emotional state and state of need.

3.a.

The empathizer's emotional state has been amplified due to maladaptive emotion regulation strategies. Maladaptive regulation strategies can also increase the motivation to care (i.e., the empathic concern), generating an emergency state that will lead to maladaptive responses.

Hence, if not downregulated, the emotion submerses the empathizer, which will lead to maladaptive responses like dramatizing or overreacting.

Submersion Maladaptive responses

(amplification)

When emotions are appropriately regulated, perspective-taking (i.e., putting yourself in someone's shoes to understand what s/he's is experiencing) can take place if coupled with adequate motivation to care. This will lead to adaptive responses such as proposing targeted help or functional altruistic behaviors.

The downside of perspective-taking is that the empathizer might understand the situation differently when taking the empathee's perspective, triggering the identification process (see Figure). Then, when this identification process occurs, the motivation to care is more likely to reach a higher degree, which can lead to the amplification of the emotion experience (see 3.a.).

Conclusion

The current model advocates stopping to use total empathy scores in experimental studies because, as displayed, cognitive and affective domains (and subdomains, like fantasy and perspective-taking) are different facets interacting together. In addition, there is a strong necessity to reform the undifferentiated promotion of empathy skills. Indeed, healthcare professionals, researchers, and professionals from other disciplines need to focus on tailored interventions to promote empathy skills and, for this purpose, we requires dynamic and sequential models explaining how empathy works. Finally, this new approach is also able to explain how empathy interacts with several psychopathologies like burnout, psychopathy, and borderline personality disorders.



[1] Cuff, B. M., Brown, S. J., Taylor, L., & Howat, D. J. (2016). Empathy: A review of the concept. *Emotion Review*, 8(2), 144-153. <u>https://doi.org/10.1177%2F1754073914558466</u>

[2] De Waal, F. B., & Preston, S. D. (2017). Mammalian empathy: behavioural manifestations and neural basis. Nature

Reviews Neuroscience, 18(8), 498-509. <u>http://dx.doi.org/10.1038/nrn.2017.72</u>

