

**FORUM**

Against Empathy

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Photograph: [Samantha Stock](#)

When asked what I am working on, I often say I am writing a book about empathy. People tend to smile and nod, and then I add, “I’m against it.” This usually gets an uncomfortable laugh.

This reaction surprised me at first, but I’ve come to realize that taking a position against empathy is like announcing that you hate kittens—a statement so outlandish it can only be a joke. And so I’ve learned to clarify, to explain that I am not against morality, compassion, kindness, love, being a good neighbor, doing the right thing, and making the world a better place. My claim is actually the opposite: if you want to be good and do good, empathy is a poor guide.

The word “empathy” is used in many ways, but here I am adopting its most common meaning, which corresponds to what eighteenth-century philosophers such as Adam Smith called “sympathy.” It refers to the process of experiencing the world as others do, or at least as you think they do. To empathize with someone is to put yourself in her

shoes, to feel her pain. Some researchers also use the term to encompass the more coldblooded process of assessing what other people are thinking, their motivations, their plans, what they believe. This is sometimes called “cognitive,” as opposed to “emotional,” empathy. I will follow this convention here, but we should keep in mind that the two are distinct—they emerge from different brain processes; you can have a lot of one and a little of the other—and that most of the discussion of the moral implications of empathy focuses on its emotional side.

Some degree of emotional empathy is bred in the bone. The sight and sound of another’s suffering is unpleasant for babies and, as soon as they are mobile enough, they try to help, patting and soothing others in distress. This is not uniquely human: the primatologist Frans de Waal notes that chimps will often put their arms around the victim of an attack and pat her or groom her.

Empathy can occur automatically, even involuntarily. Smith describes how “persons of delicate fibres” who notice a beggar’s sores and ulcers “are apt to feel an itching or uneasy sensation in the correspondent part of their own bodies.” John Updike writes, “My grandmother would have choking fits at the kitchen table, and my own throat would feel narrow in sympathy.”

And empathy can be extended through the imagination. In a speech before he became president, Barack Obama stressed how important it is

to see the world through the eyes of those who are different from us—the child who’s hungry, the steelworker who’s been laid off, the family who lost the entire life they built together when the storm came to town. . . . When you think like this—when you choose to broaden your ambit of concern and empathize with the plight of others, whether they are close friends or distant strangers—it becomes harder not to act, harder not to help.

Obama is right about this last part; there is considerable support for what the psychologist C. Daniel Batson calls “the empathy-altruism hypothesis”: when you empathize with others, you are more likely to help them. In general, empathy serves to dissolve the boundaries between one person and another; it is a force against selfishness and indifference.

It is easy to see, then, how empathy can be a moral good, and it has many champions. Obama talks frequently about empathy; witness his recent claim, after his first meeting with Pope Francis, that “it’s the lack of empathy that makes it very easy for us to plunge into wars. It’s the lack of empathy that allows us to ignore the homeless on the streets.” In *The Empathetic Civilization* (2009) Jeremy Rifkin argues that the only way our species will survive war, environmental degradation, and economic collapse is through the enhancement of “global empathy.” This past June, Bill and Melinda Gates concluded their Stanford commencement address by asking students to nurture and expand their empathetic powers, essential for a better world.

Most people see the benefits of empathy as too obvious to require justification. This is a mistake.

Most people see the benefits of empathy as akin to the evils of racism: too obvious to require justification. I think this is a mistake. I have argued elsewhere that certain features of empathy make it a poor guide to social policy. Empathy is biased; we are more prone to feel empathy for attractive people and for those who look like us or share our ethnic or national background. And empathy is narrow; it connects us to particular individuals, real or imagined, but is insensitive to numerical differences and statistical data. As Mother Teresa put it, “If I look at the mass I will never act. If I look at the one, I will.” Laboratory studies find that we really do care more about the one than about the mass, so long as we have personal information about the one.

In light of these features, our public decisions will be fairer and more moral once we put empathy aside. Our policies are improved when we appreciate that a hundred deaths are worse than one, even if we know the name of the one, and when we acknowledge that the life of someone in a faraway country is worth as much as the life a neighbor, even if our emotions pull us in a different direction. Without empathy, we are better able to grasp the importance of vaccinating children and responding to climate change. These acts impose costs on real people in the here and now for the sake of abstract future benefits, so tackling them may require overriding empathetic responses that favor the comfort and well being of individuals today. We can rethink humanitarian aid and the criminal justice system, choosing to draw on a reasoned, even counter-empathetic, analysis of moral obligation and likely consequences.

But even if you accept this argument, there is a lot more to life than public policy. Consider our everyday interactions with our parents and children, with our partners and friends. Consider also certain special relationships, such as that between doctor and patient or therapist and client. Empathy might not scale up to the policy level, but it seems an unalloyed good when it comes to these intimate relationships—the more the better.

I used to believe this, but I am no longer sure.



One of empathy's most thoughtful defenders is the psychologist Simon Baron-Cohen. In his 2011 book *The Science of Evil*, he draws upon psychology and neuroscience to argue that the notion of evil should be replaced with “empathy erosion” and that a high degree of empathy is what makes for good people and good societies.

Individuals differ in their disposition to feel empathy, and Baron-Cohen posits an empathy curve that runs from Level 0, where there is no empathy at all, to Level 6, where one is “continually focused on other people's feelings . . . in a constant state of hyperarousal, such that other people are never off their radar.” He sketches one such Level 6 individual:

Hannah is a psychotherapist who has a natural gift for tuning into how others are feeling. As soon as you walk into her living room, she is already reading your face, your gait, your posture. The first thing she asks you is ‘How are you?’ but this is no perfunctory platitude. Her intonation—even before you have taken off your coat—suggests an invitation to confide, to disclose, to share. Even if you just answer with a short phrase, your tone of voice reveals to her your inner emotional state, and she quickly follows up your answer with ‘You sound a bit sad. What's happened to upset you?’ Before you know it, you are opening up to this wonderful listener, who interjects only to offer sounds of comfort and concern, to mirror how you feel, occasionally offering soothing words to boost you and make you feel valued. Hannah is not doing this because it is her job to do so. She is like this with her clients, her friends, and even people she has only just met. Hannah's friends feel cared for by her, and her friendships are built around sharing confidences and offering mutual support. She has an unstoppable drive to empathize.

It is easy to see what Baron-Cohen finds so impressive here. Hannah sounds like a good therapist, and it seems as if she would also be a good mother to young children.

But consider what it must be like to be her. Hannah's concern for other people doesn't derive from particular appreciation or respect for them; her concern is indiscriminate and applies to strangers as well as friends. She also does not endorse a guiding principle based on compassion and kindness. Rather, Hannah is compelled by hyperarousal—her drive is *unstoppable*. Her experience is the opposite of selfishness but just as extreme. A selfish person might go through life indifferent to the pleasure and pain of others—ninety-nine for him and one for everyone else—while in Hannah's case, the feelings of others are always in her head—ninety-nine for everyone else and one for her.

It is no accident that Baron-Cohen chose a woman as his example. In a series of empirical and theoretical articles, psychologists Vicki Helgeson and Heidi Fritz have explored why women are twice as likely as men to experience depression. Their results suggest that this divergence is explained in part by a sex difference in the propensity for “unmitigated communion,” defined as “an excessive concern with others and placing others' needs before one's own.” Helgeson and Fritz developed a simple nine-item questionnaire, which asks respondents to indicate whether they agree with statements such as, “For me to be happy, I need others to be happy,” “I can't say no when someone asks me for help,” and “I often worry about others' problems.” Women typically score higher than men on this scale; Hannah would, I bet, score high indeed.

Strong inclination toward empathy comes with costs. Individuals scoring high in unmitigated communion report asymmetrical relationships, where they support others but don't get support themselves. They also are more prone to suffer depression and anxiety. Working from a different literature on “pathological altruism,” Barbara Oakley notes in *Cold-Blooded Kindness* (2011), “It's surprising how many diseases and syndromes commonly seen in women seem to be related to women's generally stronger empathy for and focus on others.”

Empathetic arousal is not the only force that motivates kindness.

The problems that arise here have to do with emotional empathy—feeling another’s pain. This leads to what psychologists call empathetic distress. We can contrast this with non-empathetic compassion—a more distanced love and kindness and concern for others. Such compassion is a psychological plus. Putting aside the obvious point that some degree of caring for others is morally right, kindness and altruism are associated with all sorts of positive physical and psychological outcomes, including a boost in both short-term mood and long-term happiness. If you want to get happy, helping others is an excellent way to do so.

It is worth expanding on the difference between empathy and compassion, because some of empathy’s biggest fans are confused on this point and think that the only force that can motivate kindness is empathetic arousal. But this is mistaken. Imagine that the child of a close friend has drowned. A highly empathetic response would be to feel what your friend feels, to experience, as much as you can, the terrible sorrow and pain. In contrast, compassion involves concern and love for your friend, and the desire and motivation to help, but it need not involve mirroring your friend’s anguish.

Or consider long-distance charity. It is conceivable, I suppose, that someone who hears about the plight of starving children might actually go through the empathetic exercise of imagining what it is like to starve to death. But this empathetic distress surely isn’t necessary for charitable giving. A compassionate person might value others’ lives in the abstract, and, recognizing the misery caused by starvation, be motivated to act accordingly.

Summing up, compassionate helping is good for you and for others. But empathetic distress is destructive of the individual in the long run.

It might also be of little help to other people because experiencing others’ pain is exhausting and leads to burnout. This issue is explored in the Buddhist literature on morality. Consider the life of a bodhisattva, an enlightened person who vows not to pass into Nirvana, choosing instead to stay in the normal cycle of life and death to help the masses. How is a bodhisattva to live? In *Consequences of Compassion* (2009) Charles Goodman notes the distinction in Buddhists texts between “sentimental compassion,” which corresponds to empathy, and “great compassion,” which involves

love for others without empathetic attachment or distress. Sentimental compassion is to be avoided, as it “exhausts the bodhisattva.” Goodman defends great compassion, which is more distanced and reserved and can be sustained indefinitely.

This distinction has some support in the collaborative work of Tania Singer, a psychologist and neuroscientist, and Matthieu Ricard, a Buddhist monk, meditation expert, and former scientist. In a series of studies using fMRI brain scanning, Ricard was asked to engage in various types of compassion meditation directed toward people who are suffering. To the surprise of the investigators, these meditative states did not activate parts of the brain that are normally activated by non-meditators when they think about others’ pain. Ricard described his meditative experience as “a warm positive state associated with a strong prosocial motivation.”

He was then asked to put himself in an empathetic state and was scanned while doing so. Now the appropriate circuits associated with empathetic distress were activated. “The empathic sharing,” Ricard said, “very quickly became intolerable to me and I felt emotionally exhausted, very similar to being burned out.”

One sees a similar contrast in ongoing experiments led by Singer and her colleagues in which people are either given empathy training, which focuses on the capacity to experience the suffering of others, or compassion training, in which subjects are trained to respond to suffering with feelings of warmth and care. According to Singer’s results, among test subjects who underwent empathy training, “negative affect was increased in response to both people in distress and even to people in everyday life situations. . . . these findings underline the belief that engaging in empathic resonance is a highly aversive experience and, as such, can be a risk factor for burnout.”

Compassion training—which doesn’t involve empathetic arousal to the perceived distress of others—was more effective, leading to both increased positive emotions and increased altruism.

This brings us to the targets of empathy. As I write this, an older relative of mine who has cancer is going back and forth to hospitals and rehabilitation centers. I’ve watched him interact with doctors and learned what he thinks of them. He values doctors who take the time to listen to him and develop an understanding of his situation; he

benefits from this sort of cognitive empathy. But emotional empathy is more complicated. He gets the most from doctors who *don't* feel as he does, who are calm when he is anxious, confident when he is uncertain. And he particularly appreciates certain virtues that have little directly to do with empathy, virtues such as competence, honesty, professionalism, and respect.

Leslie Jamison makes a similar point in her new essay collection *The Empathy Exams*. Jamison was at one time a medical actor—she would fake symptoms for medical students, who would diagnose her as part of their training. She also rated them on their skills. The most important entry on her checklist was number thirty-one: “Voiced empathy for my situation/problem.” But when she discusses her real experiences with doctors, her assessment of empathy is mixed. She met with one doctor who was cold and unsympathetic to her concerns, which caused her pain. But she is grateful to another who kept a reassuring distance and objectivity: “I didn’t need him to be my mother—even for a day—I only needed him to know what he was doing,” she writes. “His calmness didn’t make me feel abandoned, it made me feel secure. . . . I needed to look at him and see the opposite of my fear, not its echo.”

Or consider friendship and love. Hannah’s “soothing words,” her “sounds of comfort and concern” and mirroring of others’ feelings describe how a certain type of therapist treats a client or how a certain type of parent treats an anxious toddler. But this isn’t how friendship usually works. Friendship is rooted in symmetry and equality, shared projects, teasing and jokes and gossip, all of which are absent from a therapeutic relationship. While I might benefit from a friend’s therapy if I were feeling deeply anxious or depressed, I don’t, on the whole, want my friends to treat me like a suffering patient, softly murmuring reassurances when they detect that I’m out of sorts. Hannah’s “You sound a bit sad. What’s happened to upset you?” exemplifies what Jamison means when she says, “Empathy is always perched precariously between gift and invasion.”

Putting aside the extremes, do more empathetic people make better friends and partners? To my knowledge, this has never been studied. Certainly we want our friends to understand us and to care about us. It would be unnerving if someone I love never flinched in the face of my suffering or lit up at my joy. But this is not because I want

them to mirror my feelings; rather, it is because if they love me, they should worry about my misfortunes and be pleased when I do well. From a purely selfish standpoint, I might not want their empathetic resonance, particularly when I am feeling down. I would prefer that they greet my panic with calm and my sadness with good cheer. As Cicero said about friendship—but he could just as well have been talking about close relationships in general—it “improves happiness and abates misery, by the doubling of our joy and the dividing of our grief.”



When we think about individuals on the other extreme, what Baron-Cohen would describe as empathy Level 0, we naturally think about psychopaths, sociopaths, or antisocial/psychopathic personality types (the terms typically are used synonymously). Psychopaths are identified in popular culture as the embodiment of evil. The term describes everyone from predatory CEOs to callous politicians to cannibal-killers such as Jeffrey Dahmer and the fictional Hannibal Lecter.

Being a good person is related to more distanced compassion, along with self-control, and a sense of justice.

There is a standard test for psychopathy developed by the psychologist Robert Hare. It is used to make legal decisions about criminal offenders, including whether they should be incarcerated for life, and used as well by experimental psychologists who give the test to undergraduates to explore how their scores relate to, for instance, attitudes toward sexual violence and their style of moral reasoning. If you like this sort of thing, you can take the test online, rating yourself on traits such as “glibness/superficial charm,” “lack of remorse or guilt,” and “promiscuous sexual behavior.”

The most important item for many people is “callous/lack of empathy.” Many popular treatments of psychopathy, such as Jon Ronson’s 2011 bestseller *The Psychopath Test*, see a lack of empathy as the core deficit in psychopathy. It is here that cognitive and

emotional empathy come apart, because many people diagnosed with psychopathy are excellent at reading others' minds. This is what enables them to be such masterful manipulators, con men, and seducers. But the emotional part is thought to be absent—they cannot feel other people's pain—and this is why psychopaths are such terrible people.

This might be the popular picture, but the truth is more complicated. For one thing, as philosopher Jesse Prinz points out, psychopaths suffer from dulling of just about all emotional responses, not just empathy. This overall blunting of feeling—or “shallow affect”—is one of the criteria on the checklist. It was observed by Harvey Cleckley in *The Mask of Sanity*, his 1941 book that provided the first clinical description of psychopathy:

Vexation, spite, quick and labile flashes of quasi-affection, peevish resentment, shallow moods of self-pity, puerile attitudes of vanity, and absurd and showy poses of indignation are all within his emotional scale and are freely sounded as the circumstances of life play upon him. But mature, wholehearted anger, true or consistent indignation, honest, solid grief, sustaining pride, deep joy, and genuine despair are reactions not likely to be found within this scale.

It is unclear, then, whether an empathy deficit is at the core of psychopathy, or whether it is just one facet of a more general problem. One can explore this by looking at how well scores on the callous/lack of empathy item and certain related items are correlated with future bad behavior. In an extensive review of the literature, psychologist Jennifer Skeem and her colleagues note that these items are weak predictors of violence and criminality. The reason why the psychopath test has any predictive power at all is that it assesses *past* bad behavior—juvenile delinquency, criminal versatility, parasitic lifestyle, and so on—as well as factors such as lack of inhibition and poor impulse control. To put it another way, you can remove the empathy question from the scale, and it would be about as good at picking out psychopaths.

What about aggressive behavior more generally? Are more aggressive people less empathetic? Even I, a skeptic, would imagine there is *some* substantive relationship between empathy and aggression, since presumably someone with a great deal of

empathy would find it unpleasant to cause pain in others. But a recent review summarizing data from all available studies of the relationship between empathy and aggression reaches a different conclusion. The authors of “The (non)relation between empathy and aggression: Surprising results from a meta-analysis” report that only 1 percent of the variation in aggression is accounted for by empathy. This means that if you want to predict how aggressive a person is, and you have access to an enormous amount of information about that person, including psychiatric interviews, pen-and-paper tests, criminal records, and brain scans, the last thing you would bother to look at would be measures of the person’s empathy.

Finally, one decisive test of the low-empathy-makes-bad-people theory would be to study a group of people who lack empathy but also lack the other traits associated with psychopathy. Such individuals do exist. Baron-Cohen notes that people with Asperger syndrome and autism typically have low cognitive empathy—they struggle to understand the minds of others—and have low emotional empathy as well. (As with psychopaths, there is some controversy about whether they are incapable of empathy or choose not to deploy it.) Despite their empathy deficit, such people show no propensity for exploitation and violence. Indeed, they often have strong moral codes and are more likely to be victims of cruelty than perpetrators.



Am I saying that empathy is irrelevant or a corrosive influence on how we treat those around us? This would be too strong a conclusion. There are many studies that look at individual differences in empathy levels and correlate these levels with real-world behavior, such as willingness to help someone in need. Many of these studies are poorly done. They often measure empathy through self-report, so you don’t know whether you are assessing actual empathy as opposed to the degree to which people see themselves, or want to be seen, as empathetic. Furthermore, people who help others more may assume that they are empathetic, since people often make judgments about themselves by drawing conclusions from their own behavior.

Nonetheless, there is some evidence that being more empathetic influences how likely one is to help in certain circumstances. The relationship is often weak, and not all

studies find it. Still, given laboratory findings showing that inducing empathy increases the likelihood of altruistic behaviors, it would be wrong to dismiss empathy's role in our moral lives.

But we know that a high level of empathy does not make one a good person and that a low level does not make one a bad person. Being a good person likely is more related to distanced feelings of compassion and kindness, along with intelligence, self-control, and a sense of justice. Being a bad person has more to do with a lack of regard for others and an inability to control one's appetites.

So how much empathy do we really want in ourselves, our children, our friends, and our society? If you want to answer that question, it helps to think about a quite different emotional response—anger.

Empathy and anger share a lot. Both emerge in early childhood and exist in every human culture. Both are present in other primates such as chimpanzees. Both are social. Unlike emotions such as fear and disgust, which are often elicited by experiences and inanimate beings, empathy and anger are mainly geared toward other people. And they are both moral. The identification that comes with empathy can motivate kind behavior toward others; anger is often a response to perceived unfairness, cruelty, and other immoral acts.

Buddhist texts are even more skeptical about anger than they are about empathy. They see it as destructive of the individual and the world at large. This is a valid concern. But if I could determine the emotional life of my child, I wouldn't leave out the capacity for anger. The emotional force of anger can protect us and those we are close to from exploitation and predation. Someone who could never get angry would be the perfect victim. Anger can also be a prod to moral behavior more generally; many great moral heroes—Martin Luther King, Jr., for instance—have been individuals who let themselves get angry at situations that others were indifferent to.

But I would worry about the irrational, arbitrary, and self-destructive aspects of anger, so I wouldn't wish that my child possess too much of it. And I would make sure to add plenty of intelligence, concern for others, and self-control. I would want to ensure that

anger is modified, shaped, and directed by rational deliberation. It would occasionally spur action, but it would be subservient to the capacities for rationality and compassion. If we were all constituted in this way, if we could all put anger in its place, ours would be a kinder and better world.

That is how we should think about empathy too.

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