Empathic Care and Empathic Distress

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The "Law of Association" has been brought up in a discussion. That day, I came across Ashar et al's (2017) study on the neurological base of mirroring that (for me) has a profound impact on social learning. Mirroring may be a process of social association; therefore I consider it relevant to the affective component of learning.

## Introduction

I always wondered why some people appear to show little visible empathy for other people in day-to-day life but are triggered heavily once one of their peers appear to be in danger, for example, by a disease. Ashar et al. found neuronal evidence that empathy may be divided in two kinds: *empathic care* and *empathic distress*. Empathic care involved higher-order pre-frontal systems and overlapped some with the value system. Empathic distress involved mainly premotor and somatosensory systems and overlaps to 52% with the mirroring system, not involving the value system. In a cluster analysis of both types with positive and negative emotions, empathic distress clustered with sadness anger, fear, disgust and negativity, and empathic care clusters with happiness, positivity and (to a lesser degree) surprise. These clusters open space for some hypotheses regarding learning.

## Some Hypotheses

Whereas empathic distress appears to arise almost automatically involving lower brain functions, empathic care requires cognitive-cultural development (in the sense of Vygotsky's model of learning). The presence of empathic care in the spectrum of positive emotions suggests that the cultivation of compassion appears as a valid strategy to enhance your overall emotional

experience towards the positive spectrum. This has been suggested by Mahayana Buddhists for almost two millennia. Human-dog interaction, for example, may equally reduce negative affect in humans (cf. Ellsworth et al., 2016).

Empathic care and surprise appear to be linked at least for a substantial part of people. This suggests in reciprocity, that surprise (in the positive sense) seems to be a contributing element in the development of empathic care for at least some people, or at least that the absence of surprise does not promote the development of empathic care. As surprise relates to the primal emotion of seeking/enthusiasm, learning itself (discovering new areas) may be a decent strategy to aid in the development empathic care. However, it can be hypothesized that in this type of learning, enthusiasm should be promoted. Today's business (and some educational) settings, however, tend to constrain people's seeking and enthusiasm by over-regulation and too little space for playful exploration.

## Conclusion

In his brilliant book debunking myths of learning, Holmes (2016) contrasts lecturing with more constructive learning styles. In contrary to common stereotypes, pure problem-based learning was not found to produce superior results, as opposed to lecturing or mixed methods. Whereas constructive methods like Montessori Education (n.d.) may be advantageous in the early stages of development, the inclusion of cultural knowledge by lecturing appears to be superior once the cognitive facilities for understanding have developed. Following Vygotsky's process of continuous internalization, at a certain point of development, listening to lectures, reading papers, or interaction all appear to involve an internal form of play with exploration and association, turning from concrete perceptions towards abstract ideas. Widening one's experiences by explorative learning then may be an important factor in the development of empathic care.

Best wishes

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