

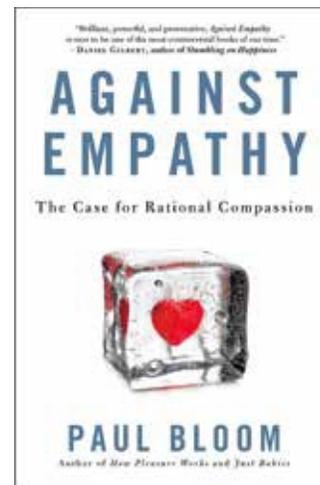
Against Empathy: The Case for Rational Compassion

Paul Bloom

Ecco, December 6, 2016, 304 pages

Reviewed by Jack Coulehan, MD (AQA, University of Pittsburgh, 1969)

Against Empathy is not a title likely to warm the hearts of most readers of *The Pharos*. Empathy is a core



element in medical practice. We teach our students and residents that an empathic relationship with patients builds trust, promotes satisfaction, enhances accuracy in diagnosis, and increases effectiveness of treatment. Empathy is a *sine qua non* for contemporary practice models like narrative medicine, and patient-centered care. So who among us can be against empathy?

Paul Bloom, a Yale psychologist and expert in child development, has accepted the challenge. His provocative title turns out to be misleading, since the empathy he argues against is of the affective variety, not the cognitive form that concerns us in medicine. In fact, the book's title is doubly misleading because Bloom acknowledges the positive value of affective empathy in family life and close relationships. He argues that an excess of affective empathy can lead us to make irrational, unjust, and even immoral life decisions.

First, definitions. Affective empathy is the ability to sense another's feelings and internalize them, often called emotional contagion. This capacity develops in infancy; for example, an infant might respond to her mother's anxiety with agitation and crying.

Cognitive empathy, or perspective-taking, develops later in childhood. This is the ability to understand, at least to some extent, what another person is thinking or feeling by careful observation and listening. Bloom recognizes that cognitive empathy, the sense in which most physicians use the word, is not only indispensable for medical practice, but for most other human relationships as well. Neuroimaging studies show that these two capacities light up different parts of the brain.

Strictly speaking, the old adage, "to walk a mile in another's moccasins," applies only to affective empathy,

in which you literally internalize others' experience, and emotional distance collapses.

One example that Bloom presents is the shooting in 2012 of 20 children and six adults at Sandy Hook Elementary School in Connecticut:

Why did this give rise to such a powerful reaction? It was a mass shooting, and over the last thirty years in the United States, these have caused hundreds of deaths. This is horrible, but the toll from these mass shootings equals about one tenth of 1 percent of American homicides, a statistical nonevent.

The media gave faces and stories to these children, hence inviting our empathic response, while most homicide victims are unknown to us, and therefore, largely ignored.

Another example is the case of Willie Horton, a prisoner released in 1987 pursuant to the Massachusetts prison furlough program, who subsequently committed rape. His release was considered a "humiliating mistake" on the part of Governor Michael Dukakis, and became a major factor damaging his presidential campaign. The program was actually a dramatic success because it reduced recidivism, and convicts released on furlough committed fewer crimes than peers who completed their sentences. The lurid story of rape, generating affective empathy for the victim, outweighed the demonstrable fact that Dukakis' furlough initiative actually decreased the crime rate.

These cases weigh against empathy insofar as it distorts our thinking. We are simply unable to have empathy for the millions of suffering people whose stories we don't know, and therefore, those we do know have an unfair advantage.

Bloom supports his argument about the "dark side" of empathy by presenting results of numerous fascinating studies. There appears to be little question that affective empathy, which the author deems similar to philosopher Adam Smith's "sympathy," can cause serious errors of judgment. These frequently lead to additional suffering, as when a well-publicized little girl jumps to the top of a transplant list, thus pushing back other, perhaps more needy, candidates.

Bloom also contends that kindness and compassion have no intrinsic relationship to affective empathy. He quotes Peter Singer and Olga Klimecki in distinguishing between the two capacities:

In contrast to empathy, compassion does not mean sharing the suffering of the other; rather, it is characterized by feelings of warmth, concern and care for the other, as well as a strong motivation to improve the other's well-being. Compassion is feeling for and not with the other.

Bloom considers "feeling for" a rational function, while "feeling with" is vulnerable to irrationality. Likewise, he presents reasonably strong—and surprising—evidence that there is little correlation between empathy scores and capacity for violence. Highly empathic people are just as likely to perform violent or cruel acts as those who score lower.

Against Empathy is a fascinating book written for a lay audience. Bloom summarizes a multitude of provocative studies in an engaging, popular style. It's a fun book to read.

However, methinks he doth protest too much. First of all, he excludes cognitive empathy from consideration, and acknowledges that affective empathy lies at the core of close human relationships. He is concerned only with excess and distortion, as when identification with another's feelings causes us to make irrational or immoral decisions that lead to adverse consequences. He is not so much against empathy as against an immature overreliance on affective empathy. Even in this limited sphere, the solution must require a positive program of enhancing rationality (e.g. moral reasoning, probability, and risk/benefit analysis), as well as the negative program of suppressing affective empathy. It takes two to tango.

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