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**IS EMPATHY ON THE DECLINE?
ARIEL NATHANSON (2016)**

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em-pa-thy

The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner
(Miriam Webster, 2015)

Introduction

I am delighted to introduce this guest blog by Ariel Nathanson on this critically important subject. Ariel is a Consultant Child and Adolescent Psychotherapist. His work specialises in the assessment and treatment of children, adolescents and young adults who display perverse, delinquent, and violent behaviours (for a brief biography, see refs).

This blog fits well within my series of blogs on Empathy. Ariel brings to attention the complex factors inter-related with empathy and how it influences our actions. His views build upon the work of the famous social psychologist Stanley Milgram in the 1960s. It is possible to be capable of empathy and also carry out harmful acts. This is a challenge to all of us because we might all struggle to act in an empathic way under certain conditions. A key question for me, which is also highlighted by Ariel is this – Is the capacity for empathy on the decline or is it just more difficult to show it?

As Ariel will show, we also need to be careful in our assessments and judgements regarding the actions of a child or young person. In this respect, Ariel's blog shows a great deal of empathy for the complex situations that influence the actions of the young people he works with. It also raises some important questions about our contemporary cultures and issues such as the use of social media. Thank you, Ariel.

Patrick Tomlinson

Recently I came across a study conducted at the University of Michigan State (2014) comparing college students' current capacity for empathy with past generations. Their findings appear shocking: following the year 2000, they measured a marked decline in empathy. Contemporary students show about 40% less empathy as a trait compared to students 30 years ago.

The capacity for empathy, as we know, is highly relational, a product of early life experiences and attachments. Even a dictionary definition of empathy is relational and surprisingly psychodynamic:

“1. The imaginative projection of a subjective state into an object so that the object appears to be infused with it.

2. The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.”

(Miriam Webster dictionary, 2015)

Developmentally, the capacity to be empathic depends, like many other relational traits, on the experience of being empathized with in infancy and childhood. It is strongly correlated with secure attachment and other measures. If the Michigan study measured a real reduction in empathy, then the students in the study should have also been different across other measures of attachment. Mainly, it is their parents who should have shown a reduction in empathy for their children to be unable to show empathy.

I had a look at the questions presented to the students and tried to answer them. In doing so I empathically speculated on the students attempting to answer these questions. I wondered whether this represented their actual capacity for empathy or their perception of empathy as a social construct. In other words, are they incapable of empathy or rather, do they think that empathy is irrelevant or a hindrance to the path they follow? Are they saying something only about themselves or about the culture around them?

I work as a psychotherapist, mostly with adolescents and young adults. Some of my patients have experienced callous states of mind in which they harmed themselves and others. I chose the word callous here because it is not part of a psychological concept but denotes an unemotional state of mind, a state without feelings or interest in the suffering of others. When I tried to imagine how my patients would score on this test, I realized that I could not speculate with any clarity. Most of them come across as empathic and understanding, suffering because of their experiences, even if those experiences include hurting others. On the other hand, when they experience callous states of mind, they no longer feel the pain of being a victim or the guilt associated with hurting others. They are not anxious or scared, just action-oriented and usually risk-taking. Through this behaviour, they find refuge from the experience of being empathic to others and themselves.

Many of my patients are different from most of the students in the study. Many had very adverse life experiences. They have crossed boundaries that most students would never cross. Understanding them has allowed me a greater insight into empathy, callousness and how the two can sometimes coexist. Although the oscillations patients describe are radical and pathological, I think that their experience is not totally different from something the Michigan students seemed to express too. My patients devalue empathy as a psychological defence against intolerable feelings. The Michigan students, on the other hand, might need to devalue their empathy to fit into the culture they live in; to compete, to be ‘successful’, a winner. They might feel a dissonance between being empathic, to the tasks they are required to perform so to belong to this culture.

Although students and patients might be very different, I think that some of the psychological mechanisms involved are quite similar. The extreme measures taken in the clinical population might provide the clarity needed to understand how reducing empathy is at all possible, how one state of mind can replace another.

My patients describe a common experience of transition from empathy to callousness. They sometimes talk about a sense of great pressure of either emotional pain or some immense excitement that cannot be put aside. Whatever they experience, staying within an empathic state, can no longer be emotionally tolerated (either the pain of awareness and/or the capacity to stay away from an addictive state). They feel trapped in this state; empathy becomes a hindrance, a claustrophobic state of vulnerability, passive, even victim state. The only way out of this situation is radical and action related. They describe something akin to 'pressing a button' (they call it "the fuck-it button") that flips them from passivity to action. Empathy, which was available within a state tolerant of emotional pain, is replaced with a more callous state of mind, unemotional and action inducing.

The next question to be asked here is which part of the personality presses the button? Is it the empathic part or rather, the callous, radical, thrill-seeker, manoeuvring itself to the front of the queue? Shockingly for some, it is always the conflicted, suffering, anxious empathic part that presses the button, yearning to be relieved of duty. In doing so this part delegates the responsibility to what happens next to the callous part and assumes only an observing capacity. The role is either collusive or as a 'hostage', unwilling observer. This is a way of getting out of the discomfort of this position, but it carries a high price tag.

The removal of the capacity for empathy presents itself as the only solution. The suffering part of the personality gives in and invites a new state of mind. This arrives like a kind of a messiah, a callous cult leader, providing total redemption in exchange for complete delegation of power. Pressing this button provides the personality with instant radicalisation. There is a change from an empathic, thinking, conflicted, suffering entity, to a clear one-track – one solution - radical idea that requires immediate action to participate and become part of the internal cult. I use the term *internal cult* here to describe an internal organization of the personality, which is like the familiar social structure of a cult. Seeing the personality as an internal organization has a long history in psychoanalysis. Herbert Rosenfeld (1971) first introduced the concept of an 'internal gang', in which destructive aspects of the personality gang up to inflict harm, usually on the 'captive', fragile self. My idea of the internal cult is like the gang but carries with it an extra motivation – a wish for some salvation, which I think is particular to perverse patients rather than those who are 'only' destructive.

I do not think that most of the experience of the Michigan students is so radical. However, I do think that they too have 'a button' at their disposal. Like my patients, they too press it to boost their sense of potency and capacity to compete and do well in what they perceive as a harsh social world.

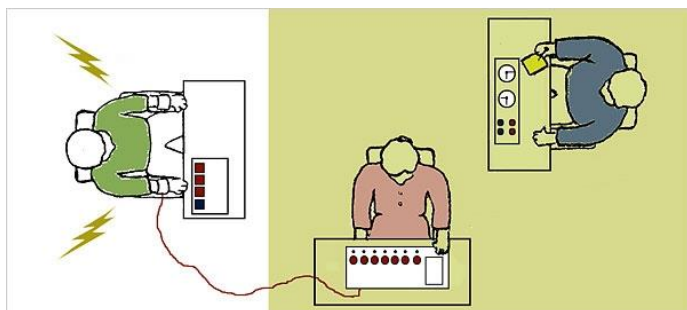
I was also wondering whether a subjective experience of oppression is another common denominator my patients share with many others. My patients feel oppressed from within, living inside a totalitarian psychological organization. The students, and maybe many of us too, might feel oppressed by the organizations we work in. We might experience a growing tension between our professional integrity and dedication and the way we are supported and valued. Or maybe, a growing tension between our understanding of empathy, human development, and the cultures we live in.

I wonder if one solution to these growing tensions might feel a bit like ‘pressing a button’, flipping to a different state in which we no longer care, where we let go. Can this be a defence against the depressive symptoms of ‘carer fatigue’? Is this the button being pressed when a thinking group can no longer cope and must turn into just a dismissive, non-caring group or gang? Pressing this button can be the only way to feel less of a victim, not oppressed, move from passivity to taking action.



The investigation of callous states of mind is not new. Many people remember the Milgram (1963) study in social psychology, attempting to understand how obedience can produce callousness in anyone. Milgram specifically wanted to understand how atrocities such as the holocaust could have been perpetrated by so many. In the study, (BigHistoryNL, 2013) Milgram told people that they participated as a ‘teacher’ in a learning experiment. They were to administer an electric shock to a ‘subject’ in another room as a punitive response to them making an incorrect answer to a word test question. Most ‘teachers’ agreed and then proceeded to obey the experimenter, the ‘scientist in the white coat’, and even administer apparent lethal levels of shock to subjects. The participants seemed to suspend and over-ride their own moral judgment, empathy and understanding. Most shockingly, a

few participants continued to administer shocks after the subject had stopped screaming and appeared to be lifeless.



I think that the experiment, conducted in the 60s, artificially created ‘the button’ I described above, in the lab. Participants were told to follow the instructions of the experimenter – to

obey his authority. To perform, they needed to psychologically suspend or over-ride their empathy and moral standards. Under the experimental conditions, empathy and moral standards conflicted with external authority and a potential sense of failure to complete the task.



Milgram's participants were probably not different from the general population on any measure (i.e. mostly capable of empathy). However, pressing the button that suspends or over-rides an empathic state in the service of adopting a callous one, became the preferred course of action within Milgram's artificially created scenario. Some participants did feel empathy while at the same time continuing to hurt the subject. They abdicate from the responsibility for the pain caused. (Busscher, 2012)

With all this in mind, I would now like to revisit the findings of the Michigan study. I believe that the reduction in empathy is directly related to the culture the students live in. It is, if you like, a natural occurring, very mild, 'Milgram-like' environment. The students function within a highly competitive environment that rewards selfish rather than altruistic behaviour. Within this cultural climate, it pays off to feel less empathic. To put it in a slightly more radical form: it is an environment that increases the likelihood of the button being pressed. There is a pressure to be in a callous state of mind to better respond to tasks and/or survive an organizational culture that devalues empathy.

According to the Michigan study, students at the time Milgram conducted his experiment were capable of high degrees of empathy. Indeed, it was the 1960s in America, a time of radical social change in which benevolence, care and selflessness were rated very high culturally. However, as Milgram showed, radically changing the social environment in the lab radicalised the participants. It showed how ready they were to push the button, shifting to a callous state of mind and hurting others.

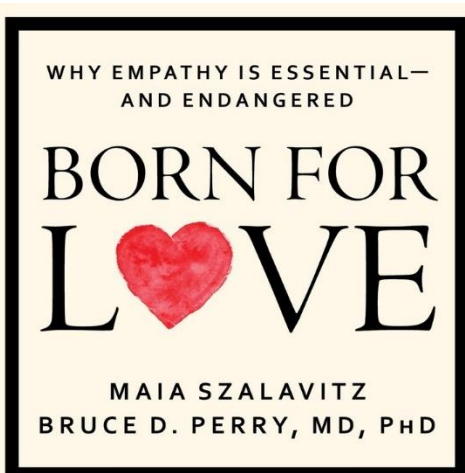
It is also important to remember that there is no consistent evidence for an increase in anxious attachment in the general population. Therefore, it appears that today's babies are empathised with and understood, like those decades ago. The difference is in the environment they (and we) function in - one that requires an ability to flick between states to compete or tolerate various levels of oppression.

For example, many young people today engage in what they call 'sexting' – sending explicit sexual messages and pictures to each other. This is now becoming quite common. However, it is easy to imagine that there are very few boys who would come up to a girl they hardly know and ask her to remove her clothes and very few girls who would agree. Under the cover of screens and buttons, a lot is made possible. As with Milgram's experiment, it dilutes social norms and reduces shame and guilt. Although people might feel alone in front of their screens

they are, in fact, in the grip of something much bigger. As if in a gang, un-empathic to themselves or others, pressing the buttons, suspend their thinking emotional selves, and act triumphantly, conquer a dare, act against their normal held values and ideas.

I do not think that these young people, like the students in the study, grow up less empathic, at least at the moment. I do think, however, that they value empathy less and live in a culture that reinforces these ideas. Empathy is available for them but can, and at times should be avoided.

We live and work in this culture. This is concretely felt in the working lives of many in the 'caring professions', at the forefront of the conflict between empathy and callousness. The less organizational support there is for making empathic responses and plans, the more risk professionals who make these responses feel in making them. They become those who refuse to participate, who reject the organizational culture and the authority that champions it. 'Carer fatigue' is what people feel when their thinking is no longer supported. They find themselves acting on a limb, doing something that is no longer supported by the organization they work for. Many of us working with self-destructive and/or harmful young people might recognise this change – from containing risk to becoming risk-averse, from thinking to following procedures, from being supported to being left alone.



It is the beginning of the New Year and I would like to end on a hopeful note. Empathy is at the heart of human development. Infantile anxiety is uncontainable without it. Secure attachment depends on the ability to experience it. Now in some environments, empathy seems to be economically nonviable, not cost-effective as it was once thought to be. However, this runs directly against the essence of human nature. This culture must, at some point, run itself into a brick wall in the same way that any addict arrives at a turning point. Not a flicking of a button.

References

BigHistoryNL (2013) *Milgram Experiment*

<https://www.youtube.com/watch?v=xOYLCy5PVgM>

Busscher, J. (2012) *Psychologie van het beïnvloeden: Milgram experiment*

<https://www.youtube.com/watch?v=yr5CjyokVUs>

Empathy Interview Questions

https://umichisr.qualtrics.com/jfe/form/SV_bCvraMmZBCcov52?SV

Konrath, S. H., O'Brien, E. H. and Hsing, C. (2014) Changes in dispositional empathy in American

college students over time: a meta-analysis, *Pers Soc Psychol Rev*, vol. 18, 4: pp. 326-348.

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Milgram, S. (1963) Behavioural Study of obedience, *The Journal of Abnormal and Social Psychology*, Vol 67(4), Oct 1963, 371-378

Rosenfeld, H. (1971) A clinical approach to the psycho-analytical theory of the life and death instincts: An investigation into the aggressive aspects of narcissism, *International Journal of Psychoanalysis*, 52: 169-178; republished in E. Spillius (ed.) *Melanie Klein Today*, Vol. 1., Routledge (1988)

The University of Michigan State – Empathy Questionnaire,
https://umich.qualtrics.com/jfe/form/SV_bCvraMmZBCcov52?SV=&Q_JFE=qdg

A short YouTube video giving a brief overview of Milgram's experiment, including footage of Milgram talking, <https://www.youtube.com/watch?v=xOYLCy5PVgM>

Another short YouTube video, which shows a participant demonstrating empathy but continuing to administer shocks, as he abdicates responsibility by conceding to authority, <https://www.youtube.com/watch?v=yr5cjjyokVUs>

An informative power-point overview of Milgram's experiment,
www.thepsychfiles.com/docs/MilgramStudy.ppt

This ppt also makes numerous hypotheses as to exactly what were the conditions that led to the results of the experiment. It also refers to a replicated (but ethically modified) version of the experiment carried out in 2009, by Jerry M. Burger, which showed similar results to Milgram.

Jerry M. Burger, Santa Clara University: Replicating Milgram: Will People Still Obey Today? *American Psychologist*, January 2009.

Perry, B.D. and Szalavitz, M. (2010) *Born for Love: Why Empathy is Essential and Endangered* New York: HarperCollins Publishers

Ariel Nathanson Brief Biography

Ariel Nathanson is a Consultant Child and Adolescent Psychotherapist. He has been working at the Portman Clinic in London, for the past 8 years, where he specialises in the assessment and treatment of children, adolescents and young adults who display perverse, delinquent and violent behaviours. He works with adolescents and adults in private practice and regularly consults to a therapeutic community for adolescents. He is a visiting lecturer at the Tavistock Centre. He has special interest and experience in the areas of child sexual abuse and children,

adolescents and young adults who sexually harm others. He regularly undertakes risk assessments of violent and sexually deviant adolescents and children. He is experienced in assessing families, children, and adolescents for the family courts.

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